			Ite 3: Film G1 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
·=			Film G199 6-28-56 Items 1c & 8 CERTIFICATE OF DEATH Reg. Dist. No. 32	
Med wit	M	1	1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY	
3	INI	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) At wilson C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Paltimore 27	
d 2 shoul	2	2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital 2420 576144 A 100 15 RESIDENCE ON A FARM YES IN NO	17
- d			3. NAME OF DECEASED P. First ERNEST Middle Lost 4. DATE Month Day Year	
Pages	-	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 16 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24) Months Days Hours Mi	IRS.
death.	1		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COULD during most of working life, even if refired)	YTRY
er de		26	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U. S.A.	
mave hours			OSCAY A BYECHT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (191, no. og unknown) 181 yes, give wor or dotes of service) Address	
lease re		0	Nowe 7/4-03-7/8\$ Hospital records INTERVAL BETWEE	
nen ple		1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COF Pallmonale ONSET AND DEAT Z M (pr.	H.
t permit. Ti			Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.	ے
al-transi		0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED TEST NO	? ,
ar rem			20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	game.a
use as ematian,			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. While Not while of work	late)
detached for to burial, cr			21. I certify that I attended the deceased from May 15, 19, 54, to June 19, 19, 56, that I lost sow the deceased of alive on 1956, and that death occurred at 5:45 M, from the causes and on the date stated of ADDRESS (Street, city or town, state) DATE SI	YOC
prior I		1	ACTUAL William Clivernu M.D.	w as an a
3 shou gistrar			PHYSICIAN'S William Newcomer M.D. Mt. Wilson, Maryland	
pogm the reg			220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BALTIMORE, Md	
5 (4) /55	V&		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 6-22-56 DOSATTAR Newell	,
	21		sallimore And.	-

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SECTION DESCRIPTIONS COSTON

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH Sallemore a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limbs, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negresi lewn Lansdowne 2 days Langdowne D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO F Winsan Ct Wingen Ct NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 Peter R. Allan June 10 for PUNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 24 HRS. the lost birthday) Months Days Hours Min. WIDOWED 1 DIVORCED [ZO yrs. #it Male White 0 2 wif 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo and Retired Painter SALF Balto. Md II.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter R. unknown Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give D12-18-8822 Venon E. Allen 913 Winsan Ct PM3. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cardiac failure IMMEDIATE CAUSE (a) **DUE TO** Canditians, if ony, which Hypertensive cardiovascular disease gave rise to immediate couse DUE TO (a), stating the underlying cause last. 0 Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 00 PERFORMED? NOT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while O ED of work of work p, m. Bu 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and find that to the Chie Notural causes # Accident | Suicide . Homicide | Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded I ASSISTANT MEDICAL EXAMINER June 11.19 **EXAMINER'S** DEPUTY MEDICAL EXAMINER IT NAME (Type) S. M. Kieffer Geo. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE (0-5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO ATA THE EXPLANATION OF THE AMERICAN AND THE AMERICAN A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

058074 Reg, Dist, No.

1.	PLACE OF DEATH O. COUNTY BALTO	1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MD. BALTO.								
	b. CITY OR TOWN (I	c. CITY OR TOWN (If outside corporate limits, write \$1000) and also near Harris.									
X	DAYLIGHT	7	7338	GIESE	E AVE.	(LOD	GE F	OREST)			
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give street address	1 /	d. STREET	ADDRESS					e. IS RESIDENCE
	DAYLIGH	BEACH			SPAF	RROWS	POIN	VT (19)		YES NO W
3	NAME OF	First	Middle		L	pet	4. DATE	N	lanth	Day	Year
	(Type or print)	THOMAS	WAYNE AMOS				OF DEATH	JUNE	26		1956
5	SEX	6. COLOR OR RACE 7-	MARRIED NEVER MARRIED	▼ 8.	DATE OF BIR	TH		9. AGE (In year lost birthday)	a IFUNE	DER TYEAR	
	MALE	WHITE WI	DOWED DIVORCED [DIN	TAR. 1	6.19	116		Month	s Days	Hours Min.
11	Da. USUAL OCCUPATION	ON (Give kind of work done	106. KIND OF BUSINESS OR I				e ar foreign	country)	12.	CITIZEN O	F WHAT COUNTRY
1	STUDI	ig life, even if retired)			1	Md.			111	AR	
1	3. FATHER'S NAME	***************************************			14. MOTHER		NAME		10	13/6	
	FORRES	PAMOS			SABA	H SH	TDD				
1	5. WAS DECEASED EY	ER IN U. S. ARMED FORCES		17. IN	FORMANT	11 211	TII	Add	F011		-
2 6	Yes, no. or unknown)	(If yes, give war or dates of service XXXXX	NONE	Q E	E # 1	3 F/A	THER	SAME		TOO	
				101	.C. #	J FA	A SALES OF	SAPIE	ADDR		DVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-] PART I. DEATH WAS CAUSED BY:										
	MMEDIATE CAUSE (o) JIYC OW NI NG										
	729.4 DUE TO										
Y.	Conditions, if any, which gove rise to immediate cause										
1	(a), staling the underlying DUE TO couse fast. (c)										
7 8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?										
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200. EXTERNAL CAUSE WAS PRIMARY IS OF CONTRIBUTING II CAUSE OF DEATH. 201. SAN PEAR 2. J. J. J. J. C. S. J.									YES NO	
MEDICAL	THE OF INVEST Month, Day, Year 20d, INVESTIGATION PLACE OF INVESTIGATION OF IT IN THE PROPERTY										
CHA	The p.m. 6 76 1956 or work of work of While Dead DA /4 Te Beal - Back - 19 Ma										
		at I took charge of	the remains described	abay	e, held a	n Autop	sv 🗖 J	Inspection [Tho	niry 72	, and find that
			ses . Accident .	-		Hamicid		Indetermine			, and ma
	10			0010		. romicio	٠ اـــا, ٥	illacio illinic	o caosc	Ш.	
	ACTUAL	VIGA	114 -		CHIEF	MEDICAL F	XAMINER [1			DATE SIGNED
	SIGNATURE	1 D	CV CO		M.D.		CAL EXAMIN			6	1. 110
	EXAMINER'S NAME (Type)	M 13. DA	VIS M	7			EXAMINER	_		/	18/16
2	20. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	ATION (City, tox	wn, or count	γ)	(State)
	REMOVAL SRECTO	JUNE 29,	156 OAK LAW	IN			BAI	TO. CO	. MD		
2.	. FUNERAL DIRECTOR	'S SIGNATURE	o Windolf	, 1	ud,	24a, REC		79536. R			11
-114	MUCH / LW	by America	//	/	-/	DATE!	1 100	d	LANGE	nd.	· varters

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1058()9

EDDE	CERTIFICATE	OF	DEATH
5835	CENTIFICATE	OF	DEALI

5835 CERTIFICATE	OF DEATH Reg. Dist. No. 30
COUNTY Balto, MARYLAND CITY (II outside copporate limits, write RURAL LENGTH OF STAY	STATE COUNTY BA TO CITY (II of Dide corporate limits, write RURAL and give nearest town)
50 TOWN (IONS VI /e (in, this place) HOSPITAL OR	STREET CALIFORNIA STREET CALIFORNIA STREET
STREET ADDRESS Spring Grave St. Hosp.	ADDRESS/NUMANA Rodo.
S. NAME OF DECEASED; (Type or Print) Clarence (Middle) A (Lac	nold OF DEATH: June 29 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED. 10-30	-1885 70 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of two ki	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
William H. Hrnold	Everest Cole
(Yes, no, or unk.) (If Yes, give war or dates of service)	V. H- Amold - Rt. 2, Winars Rd
18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) CONGESTI	ve Heart Failure
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	red Arteriosclerosis
(C)	AND THE RESERVE OF THE PARTY OF
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	<u> </u>
TOX. DATE OF OF ENAMENTS	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work at work 21E INJURY OCCURRED While work 21E INJURY OCCURRED While at work 21E INJURY OCCURRED While at work 21E INJURY OCCURRED While 21E INJURY OCCURRED W	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-12	19), to 6 - 29, 195 6 that I last saw the deceased
alive on 6-79, 1950, and that death occumed at //	pM from the causes and on the date stated above. ADDRESS DATE SIGNED The first of the causes and on the date stated above.
Millatt July 7 1956 Fakers (el	sullery harford Co. Med.
DATE REC'D BY LOCAY REGISTRAR'S SIGNATURE	24. FUNERAL DIBECTOR 4) ROPRESS

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EUREAU V. E.

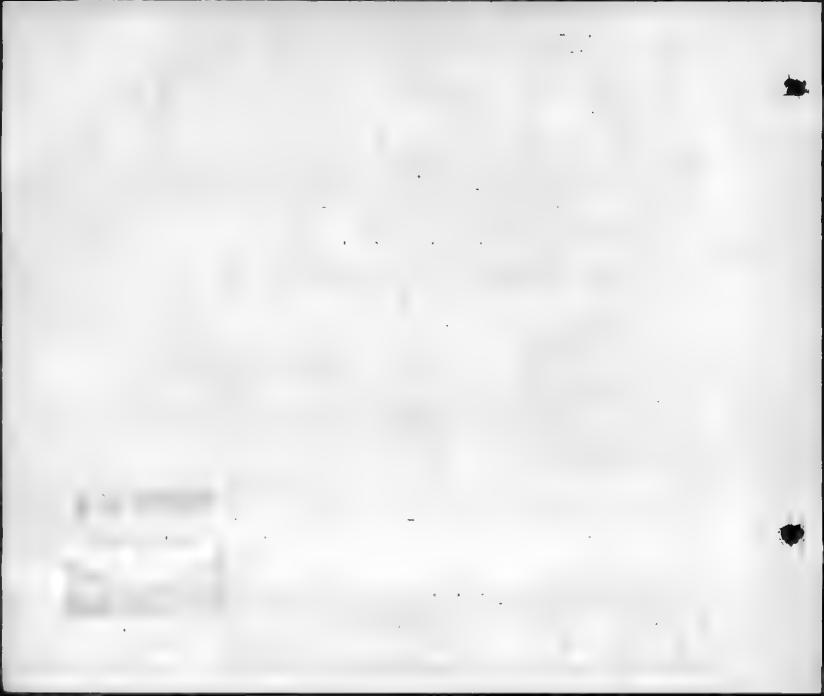
THE RESIDENCE THE SPECIAL PROPERTY OF THE PERSON AND THE PERSON AN

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1. [LACE OF DEATH	Baltimore	2	MARYL	m STATE ///	CE (Where deceased five	d. If institutions is b. COUNTY	Battir	
BX	Ь	CITY OR TOWN (outside corporele limits, write Parkvill	e rural Le	c. LENGTH OF STAY II	10	IN (If outside carporote	limits, write RURA	L ond give near	rest town)
	d	. NAME OF HOSPI 1712	TAL OR INSTITUTION (Wenstwort)		oital, give street address) ad #14	d. STREET ADDR	ess Wentwort	h Road		ON A FARM? YES NO
	(IAME OF DECEASED Type or print)	OSCAF		Ariddle	BARRIETT Lost		Month June 15.	Day	Yeor 19 56
	_	Male	white	WIDOWED		Mar. 13.	1956 3	Mont	ths Days H	F UNDER 24 HRS Tours Min.
be and	d	uring most of worki	ON (Give kind of working life, even if retired)	done 10b. Ki	IND OF BUSINESS OR IN	Baltin		1 1	U.S.	A.
		Oscar	Eldridge		rett	14. MOTHER'S MAIL Kathe	A 1	rne		
		MAS DECEASED E	/ER IN U. S. ARMED FO (If yet, give wor or dates of	RCES? 16. S	SOCIAL SECURITY NO.	Mr. Oscar	E. Barret	t, 1712	Went	worth 1
		Conditions, if a gove rise to imme (o), stoting the course lost.	underlying DUE TO	Bro	mchitis				0.00	L BETWEEN AND DEATH
	CERTIFICATION	PART II. OT				BUT NOT RELATED TO THE			,,,,,	WAS AUTOPSY PERFORMED?
	MEDICAL C	20c TIME OF INJU	IRY Month, Day, Ye	While		PLACE OF INJURY (Home factory, street, office bldg	, form, 20f. (City or lav	m)	(County)	(Stole)
				_		abave, held an Au Suicide [], Ham	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	tion [], Inc rmined cause		and find the
		ACTUAL SIGNATURE	Ulleann L	gove	XX	M.D.	AL EXAMINER A			0/15/56 4
	7 20	EXAMINER'S NAME (Type)		tt, Jr	22c. NAME OF CEMETER		22d. LOCATION (City town or cour		(State)
		REMOVAL (Specific DUTE al.) FUNERAL DIRECTO	6/16/1	956	Moreland ADDRESS Hartord F	Mem. Park	REC'D BY REGISTRAR	more, /	Maryla	and

TO DEPUTY MEDICAL THMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessary

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DATE (- O

VS. A15ME(5) 5M 9/55

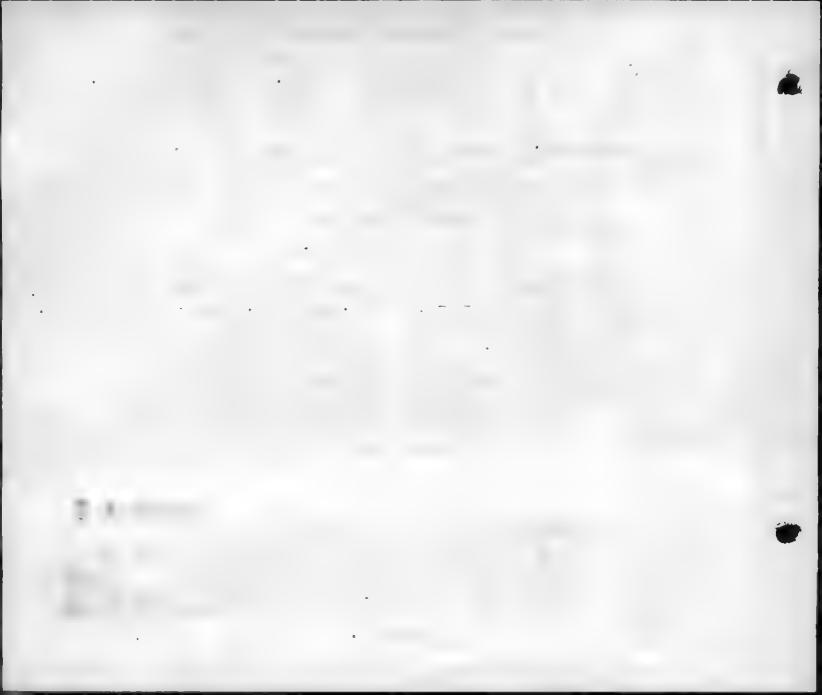
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05816 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 29 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY Md. Balto. to burial b. CITY OR TOWN III outside corporate limits, write RURAL & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neatest town) Phoenix Phoenix d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE registrar prior ON A FARM? Cambria Farm Rd. Cambria YES NO [Farm Rd 3. NAME OF Middle DATE Lest Day Year for your DECEASED (Type or print DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPE AR IF UNDER 24 HRS. the last Jourthday) retained 2 with the Months Min Hours WIDOWED | DIVORCED ō 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) m 11, BIRTHREACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? gud þ pup President Food Brokers Md 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Julius Berndt Susanne Melchers Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT SOCIAL SECURITY NO. Address Phoenix, Md. (Yes, no. or unknown) Ç. no Berndt - Cambria Farm Rd. Margaret INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for its], (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) along with far **DUE TO** Conditions, if any, which pencil gave rise to immediate couse DUE TO (a), stating the underlying cause last. Office O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS Y 50 PERFORMED? NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Rogr Not while, o. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 4 arwarded to the C'EFUNERAL DIRECTOR: Accident death resulted from: Natural causes [Suicide . Homicide | Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER** DEPUTY MEDICAL EXAMINER NAME (Type 220. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 16/56 Woodlarm Cem **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

5841 CERTIFICAT	E OF DEATH Reg. Dist. No	
I. PLACE OF DEATH- COUNTY Ballinge MARYLAND CITY (If outside corporate limits, write RURAL and or give nearest town) TOWN Notch Biff near Towner HOSPITAL OR INSTITUTION OR STREET ADDRESS VIFFQ Hayia Glesuru Rd.	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Mary found CITY (If outside corporate limits, write RURAL and giv OR TOWN Notch Cliff wear Townson STREET ADDRESS Glevery Rd,	Balhermore
3. NAME OF (First) (Middle) DECRASED (Type or Print) 5 is ter Mary Gelasia Bets 5. SEX 7 Eucle White (Specify) Surgle 10s. USUAL OCCUPATION (Give kied of work 10b. Kind of Bushings on	(Last) 4. DATE (Mooth) OF DEATH Tune 8. DATE OF BIRTH 9. AGE last birthday If under Mooths Way 6, 1879 77 yrs.	(Day) (Year) / 8 19 / 6 1 year If under 24 hrs. Days Hours Min.
dooe during most of working life, even if retired) INDUSTRY RELIGIOUS 13. FATHER'S NAME John Betta 15. Was Decreased Even in U.S. Armed Forces? 16. Social Security No. (Yes, oo, or unknown) (if yes, give war or dates of	14. MOTHER'S MAIDEN NAME! Halving Dem Ping 17. INFORMANT AND ADDRESS! Sr. Mary Clana Notel Hill Md.	COUNTRY! U. S. A.
(service)		
Inmediate cause Antecedent cause(s) Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS	Cerebral Throughbosis dio Reval Vasculas disease	INTERVAL BETWEEN ONSET AND DEATE I wh I o yes
Cooditions contributing to the death but not related to the disease or coodition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
198. DATE OF OPERATION 198. MAJOR PINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!	
DEMOVAL (Specify) 1 #7.1 1 1 1 1 1 1 1 1 1	7501 YORK RD. RY OR CREMATORY LOCATION (City, town, or count.) ARIA CEM. NOTCH CLIFF N	ated above. DATE SIGNED 6-18-56 (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MAMGIN RESERVED FOR BINDING

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Rea. Dist. No. Balto. e. IS RESIDENCE ON A FARM? YES | NO | Day Year 27. 156 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN Truck

(County) (State)

(State)

DATE SIGNED

PERFORMED? YES NO

24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

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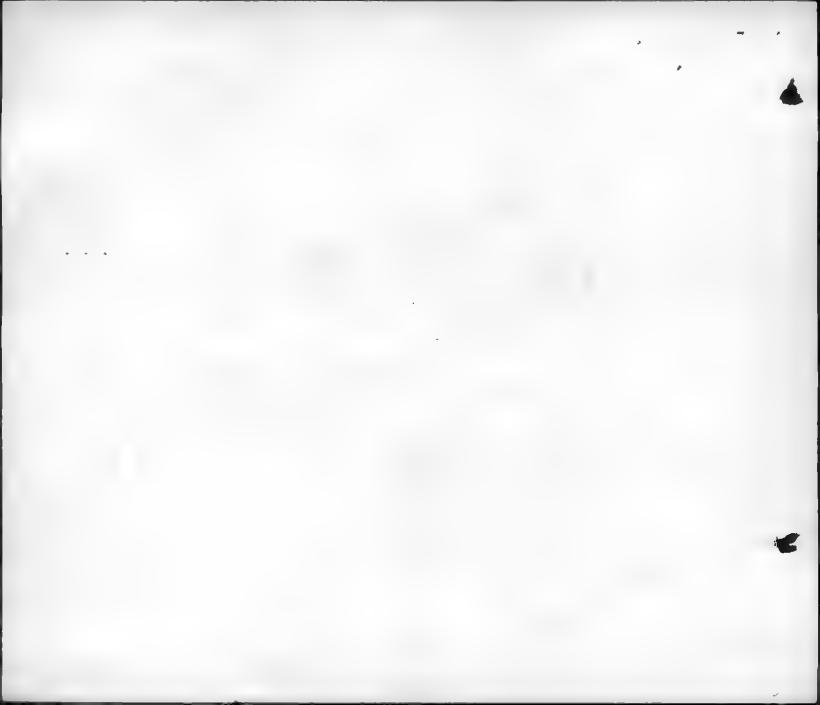
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TOWN

Female

Ĭ.	STATING UNDERLYING CAUSE LAST.	•
٤	(C)	
Ortan	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	4 yes.
y lmp	19a. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
eclali	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?) (State)
18 esp	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
a ge	22. I hereby certify that I attended the deceased from 5/28/, 1956 to 6.15-, 19.56 that I last	
	alive on . 6 - 15 - , 19 5 6, and that death occurred at #15 A M, from the causes and on the date s	tated above.
correct	Cit Maloney M.D. 57 Winterface - 28-	0-15-5-6
၁	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	
	Burial 6-18-56 Western Star Cem Catonsville,	Md.
	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (24. FUNERAL DIRECTOR REGISTRAR 16.1966 W.W. W. W	Dilde
		M



MARYLAND STATE DEPARTMENT OF HEALTH

5846

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

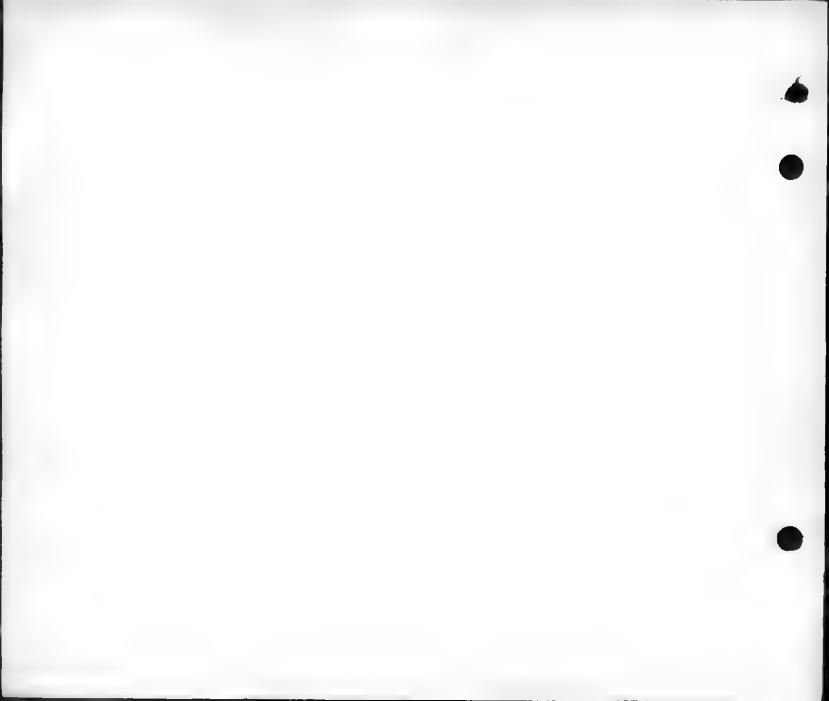
eg. Dist. No. 44

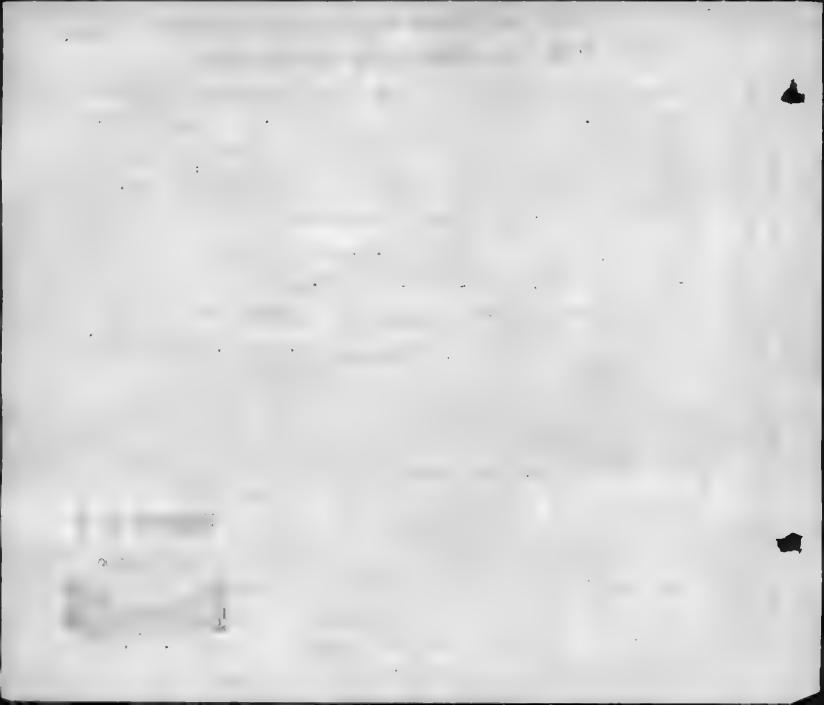
2		reg. Dist. N	Jennini
The	I. PLACE OF DEATH. Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED.	
€	COUNTY SPORE ON BING MARYLAND	STATE TO DO COUNT	
S :	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
no	OR give nearest town) TOWN Sparrows Point (in this place)	OR	
e in	HOSPITAL OR	STREET (If rural, give location)	
25	INSTITUTION OR STREET ADDRESS	ADDRESS	
ion carefully.	3. NAME OF (First) (Middle)		
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Eg	(Type or Print) ELIZABEIH. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 2. AGE last hirthday If under	9- 1956
C 2	WIDOWED, DIVORCED,	Months	I year If under 24 hrs. Days Hours Min.
当時	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Nov. 5-18821 73 yrs. 11. BIRTHPLACE (State or foreign country)	
de de	c) done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTBY?
every item e causes of d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
S == S	4.7	Line Marines Marines	
	UICO 13 KANGAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
1 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes, no, or unknown) (If yes, give war or dates of	_	
2 22	/) No laervice) No -	AMMA Tristiman - 3116 SP. P.	- KD., 110.
Suppl Write	18. MEDICAL CE	RITIFICATION	INTERVAL BETWEEN
Sa	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONBET AND DEATH
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INK.	Immediate cause (a)	more words of a infinite in the office is the second	
⊸	Antecedent cause(s)	to 1. Decharal by ate take	,
UNFADING t. Physicians:	Diseases or conditions, if any, (b)	www.	The shift of an area area and a second or
	stating the underlying cause last	•	
A A is	(c)		
FH	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
5.	related to the disease or condition causing death.		
Han	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	· 10	20. AUTOPSY?
EH.	1/19/36 Lhoperas/8 Carein		Yes No
LAINLY, WITH U	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
걸습	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Z	OF While at Not While INJURY m. Work At work		
PLAINLY especially	10/11	~ 1/0 0	
II 8	22. I hereby certify that I attended the deceased from 12.//C	, 1922, to, 19.24, that I last s	aw the deceased
	alive on 6, 9, 1956, and that death occurred at		ntod phore
I	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WRITE	Resure Cewers, M.D. 91	GTD Street Ba Ho 19 Md	1/9/52
PLEASE .		RY OR CREMATORY LOCATION (City, 10wn, or count	ty) (State)
S.A.	Time 12 170 Drelimounder	- Baltimore, mod	
I.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PH.	1.11-56 10-W. Hucknich	Walter Habourfer 100/A. Dunlas	E ave
ASTP	0 2		

VS. A15

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The correct age



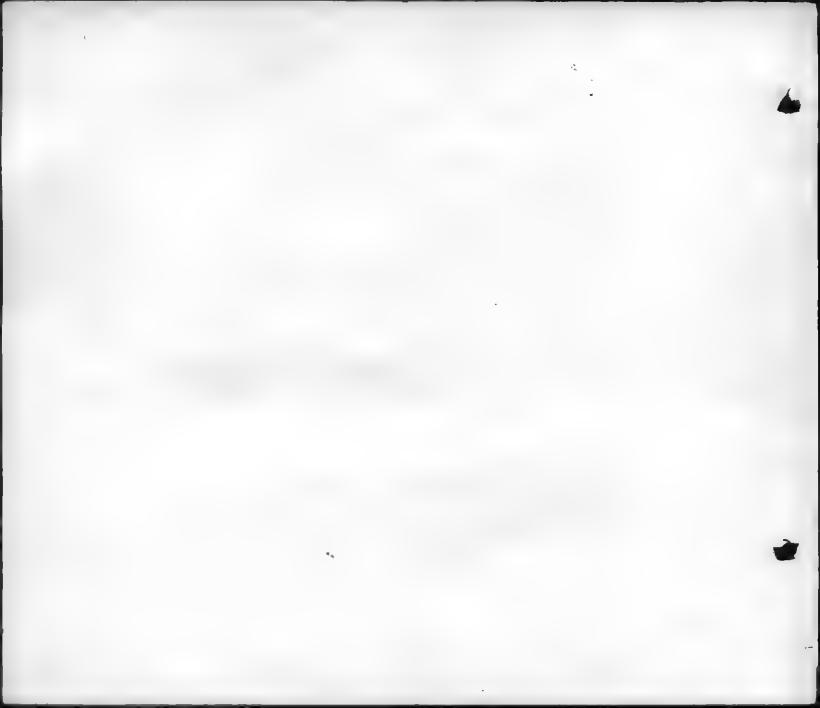


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF MYRTLE A. BOPST DEATH June 12. 1956 3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) Md. (if not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 6520 Charles St. Ave. township) Towson D. STREET ADDRESS (If rural, give location) Mos. 6520 Charles StiAve. c Length of stay in Baltimore Davs 6 COLOR OR RACE ! 7, SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (In years | N Under 1 Year | N Under 24 Hours last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) White Married Oct. 21. 1906 Female 10A, USUAL OCCUPATION (Givekind of. 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Dept. Store Saleslady Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HIS IS A PERMANENT RECORD.
ENT BLACK OR BLUE-BLACK INK-DO
supplied. Physicians: please write Rilev Carrie Buckman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, po or ppkpowp) (If yes, give war or dates of service) SECURITY NO Mr. John H. Bopst - 6520 Charles St. Ave. no 18 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ... Stab wound of chest (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Massive thoracic hemorrhage injury or complication which caused death.) Stab wound of throat with laceration ANTECEDENT CAUSES of right carotid artery DISEASES OR CONDITIONS, IF ANY, GIVING Multiple lacerations of scalp and body RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 AUTOPSYT CAUSE OF DEATH, ENTER IN WAS PERFORMED PART I OR PART II 21A EXTERNAL CAUSE WAS 218 PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) UNDERLYING X OR CONTRIB about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 6520 N. Charles St. home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED information OR OF INJURY Beaten by unknown assailant $\mathbf{p}_{\mathbf{n}_{k}}$ 6/12/56 22. I certify that I took charge of the remains described above, held an Autopsy A, Inspection [], Inquiry [], and found that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner . of 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED item ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA: 24B, DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Woodlawn Cem-Woodlawn, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR



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	e)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05825
	7. The	\$ 5849 CERTIFICATE OF DEATH Reg. Dist.	
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	fin careful and legibly	COUNTY BULLIAM MARYLAND STATE BULLIAM COUNTY MAN CITY (If outside corporate limits, write RURAL (in this place) TOWN STATE Bulliams COUNTY MAN CITY (If outside corporate limits, write RURAL a OR TOWN)	alan -
(IN		HOSPITAL OR STREET (If rural give location) ADDRESS	, ,,
-	nfor	STREET ADDRESS 1900 house, Eastard. 2412 MAJISON	Y XA (Year)
	item of informa	DECEASED: (Type or Print) Laymond Brulder DEATH: June 7	8 1956
	ite	Meale Nego Copenii.	ays Hours Min.
UZ	causes	OA. USUAL OCCUPATION (Give kind of tops. KIND OF BUSINESS of II. BIRTHPLACE (State or foreign country): 12. work done during most of working life, or INDUSTRY: even if retired): LABORER WALMON LUMBER (D)	CITIZEN OF WHAT
N. C.	the the	13. FATHER'S NAME:	
FOR H	XX.	(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No. 17. INFORMANT & ADDRESS: 217-03-2452 William 0. Boulden 1702	Duk Con Itt
	ADING IN	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
RESERVED			
RES	UNFAI ysicians:	IMMEDIATE CAUSE ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, (B)	-
ARGIN	HTH H-H	STATING UNDERLYING CAUSE LAST. DUE TO	
MAR	ii	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1
	AINLY impert	DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
	. 4		YES NO
	WRITE PI	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR?	y) (State)
		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	0	22. I hereby sertify that I attended the deceased from 5-47, 1976 to 6-24, 1976 that I last	saw the deceased
10 - 53	E TYPE	1 // 1/20 4 // 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1	stated above.
A15 —	PLEASE	23. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY) 23. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY) 23. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY)) 24. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY)) 25. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY)) 26. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY)) 27. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY)) 28. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (City, Town, of REMOVAL (SPECIFY)) 27. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (CITY, TOWN, of REMOVAL (SPECIFY)) 27. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (CITY, TOWN, of REMOVAL (SPECIFY)) 27. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (CITY, TOWN, of REMOVAL (SPECIFY)) 27. BURIAL, CREMATION. CONTRIBUTED NOME OF CEMETERY OR CREMATION (CITY, TOWN, of REMOVAL (SPECIFY)) 27. BURIAL, CREMATION (CITY, OF REMOVAL (SPECIFY)) 27. BURIAL, CREMATION (CITY, OF REMOVAL (SPECIFY)) 27. BURIAL, CREMATION (CITY, OF REMO	county (State)
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13. FATHER'S NAME 14. MOTHER'S MAIDEM NAME 15. WAS DECEASED EVER IN U. S. ARMED-FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH WAS CAUSE (o) 19. Crushed chest with internal hemorrhage 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o), stating the underlying (c) 19. Conditions, if any, which gove rise to immediate cause (o) 19. Conditions, if any, which gove rise to immediate cause (o) 19. Conditions, if any, which gove rise to immediate cause (o) 19. Conditions, if any, which gove rise to immediate cause (o) 200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS 19. DESCRIBE HOW, INJURY OCCURRED (Enternature of injury in Parti or Part II of the Mem 18. 14.0 at Own in United Countries (Country) 200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS 201. DESCRIBE HOW, INJURY OCCURRED (Enternature of injury in Parti or Part II of the Mem 18. 14.0 at Own in United Countries (Country) 202. CIME OF INJURY Month, Day, Yeor [204. INJURY OCCURRED [209. PLACE OF INJURY (Home form, 206. (City or Invent) (Country)	
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2 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120c. PLACE OF INJURY (Home, form, 120f. (City or lowe)	NO
20d. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homes, form, 120f. (City or lown) (County)	gsMil
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , an death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .	find that
ACTUAL SIGNATURE D.D. CAPLES M.D. CHIEF MEDICAL EXAMINER [] DAT	SIGNED
EXAMINER'S D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER (Type)	i6
220 BURIAL CREMATION, 1226. DATE THEREOF / 1225 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, of county) (5)	fe)
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE SOME SOME SOME SOME SOME SOME SOME SOM	





CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Rural: TOWSON MOSPITAL OR INSTITUTION OR STREET ADDRESS TOWSON 4, Maryland STREET ADDRESS TOWSON 4, Maryland STREET ADDRESS TOWNON 4, Maryland STREET (If rural give location) ADDRESS TOWN 4, DATE (Month) (Day) (Year) OR ADDRESS TOWN 4, DATE (Month) (Day) (Year) STREET ADDRESS TOWNON 4, Maryland STREET ADDRESS TOWNON 4, Maryland STREET ADDRESS TOWNON 4, DATE (Month) (Day) (Year) STREET ADDRESS TOWN 4, DATE (Month) (Day) (Year) STREET ADDRESS TOWN 4, DATE (Month) (Day) (Year) STREET ADDRESS TOWN 4, DATE (Month) (Day) (Year) OR ADDRESS TOWN 4, DATE (Month) (Day) (Year) STREET ADDRESS TOWN 4, DATE (Month) (Day) (Year) OR ADDRESS TOWN 4, DATE (Month) (Day) (Year) OR ADDRESS TOWN 4, DATE (Month) (Day) (Year) OR ADDRESS TOWN 4, DATE (Month) (Day) (Year	4		Item 18 Film G201 8-17-56 ams 05828
COUNTY Baltimore COUNTY Balti	, di	rect	CHAIDAIRIACA ATRA COLO TOTA ATRI
THY (If outside corrogate houts, write RURAL LEMOTH OF STAY IOWN ALL TOWN) RIVE Server to the board of the place of the p	48		I. PLACE OF DEATH: 2 USUAL RESIDENCE (HOME) OF DECEASED:
THY (If outside corrogate houts, write RURAL LEMOTH OF STAY IOWN ALL TOWN) RIVE Server to the board of the place of the p	1) # F	COUNTY Baltimore MARYLAND STATE Manylow COUNTY
HOSPITAL OR Eudowood Sanatorium STREET ADDRESS Date ADDRESS Date ADDRESS Date ADDRESS Date ADDRESS A			OR and give nearest town (in this place) TOWN Rural Town
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work done during most of working life. Sputial Control of Special Control of Sputial C	7	All the Co	10a. USUAL OCCUPATION Give kind of , 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country). 12. CITIZEN OF WHAT
15 WAS DEFEASED FOR IN U.S. ARRED FOREST 16 SOCIAL SECRETY No.: 17. INFORMANT JADDRESS: Personal History (Yes, no, or unk.) (If Yes, give war or of these of pervice) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 11. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 12. Antecedent causes (a) 13. Diseases or conditions, if any, (b) Causing mailure and cor pulmonale 14. Antecedent causes (a) 15. WAS DEFEASED FOR IN U.S. ARRED FOREST 16 SOCIAL SECRETY CONDITIONS 16. MEDICAL CERTIFICATION 17. INFORMANT JADDRESS: Personal History 18. MEDICAL CERTIFICATION 19. Malor of DEATH 19. Malor Finding and Cor pulmonale 10. Cause of the left lung which had been resected— 11. OTHER SIGNIFICANT CONDITIONS 12. AUTOPSY 12. ACCIDENT (Specify) PLACE (Home, farm, factory, street, or of the pulmonary insufficiency of the pulmonary of the pulmonar		5 00/	work done during most of working life, INDUSTRY:
15 Was Detraced to the desire of condition couning death. 16 Was Detraced to the desire of condition couning death. 17 01/736 Hospital Records, Eudowood Sanatorium 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 1. Diseases or conditions, if any, giving rise to the above cause staint the underlying cause last. Due to Myccardium failure and cor pulmonale Antecedent causes(s) Due to Myccardium failure and cor pulmonale Immediate cause Antecedent causes(s) Due to Myccardium failure and cor pulmonale Contribution cause to pulmonary insufficiency (c) Contribution cause to pulmonary insufficiency (d) The significant condition couning death. 19a. Date of operation: 11. OTHER SIGNIFICANT CONDITIONS Condition contribution causing death. 19a. Date of operation: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from More alive on the cause and on the date stated above. SIGNATURE 22. I hereby certify that I attended the deceased from More alive on the cause and on the date stated above. Date signature 13. Mey Cathedral Gem. Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (City, town, or county) Bullal, Cremation, Date Thereof Name of Cemattery or Crematory Location (Ci		y its	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
Hospital Records, Eudowood Sanatorium Service Service 13. MEDICAL CERTIFICATION Interval Between the conditions of the left lung which had been resected Immediate cause Sure of the service Sure of the	1		your of strong clerately scale
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) (b) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f		Ç ₽ £	Was Deceased Eyer In U.S. Armed Porces? 16. Social Second No.: 11. INFORMANT EXAMPLESS. Personal Mistory [Yes, no, or unk.] (If Yes, give war or dates of Sanatorium
Immediate cause (a) Tulling About the left lung which had been resected. Antecedent causes (s) Due to My cardium failure and cor pulmonale Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardium of the left lung which had been resected. (c) Contribution cause to pulmonary insufficiency (c) Contribution cause to pulmonary insufficiency (d) Contribution cause to pulmonary insufficiency (e) Contribution cause to pulmonary insufficiency (e) Contribution cause to pulmonary insufficiency (f) Conditions contributing to the death but not related to the disease or condition causing death. (a) Tully the pulmonary insufficiency (b) Cardium and the left lung which had been resected. (c) Contribution cause to pulmonary insufficiency (d) Conditions contributing to the death but not related to the disease or condition causing death. (e) Contribution cause to pulmonary insufficiency (c) Contribution cause to pulmonary insufficiency (d) Conditions contributing to the death but not related to the disease or conditions causing death. (e) Contribution cause to pulmonary insufficiency (c) Contribution cause to pulmonary to pulmonary to pulmonary to pulmonary to			10 MEDICAL CERTIFICATION
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Second State Seco		SE IN Ple	Immediate cause DUE TO Myocardiam failure and cor pulmonale
Contribution Cause to pulmonary insufficiency		NG.	Discusses or conditions, if any, the Carcinoma of the left lung which had been reserved
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF office bldg., etc.) OF office bldg., etc.) INJURY 22. I here (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? 23. I hereby certify that I attended the deceased from Att Work OF office bldg., etc.) OF office bldg., etc.) 24. AUTOPSY Year No. W. While at Not While How DID INJURY OCCUR? While at Not While Att Work OF office bldg., etc.) 25. AUTOPSY Year No. W. County) (STATE) 26. AUTOPSY Year No. W. County) (STATE) 27. AUTOPSY Year No. W. AUTOPSY Year No. W. SIGNATURE (Specify) OF office bldg., etc.) No. W. AUTOPSY Year No. W. SIGNATURE (Specify) OF office bldg., etc.) OF office bldg., etc.) No. W. AUTOPSY Year No. W. SIGNATURE (Specify) OF office bldg., etc.) OF office bldg., etc.) No. W. AUTOPSY Year No. W. SIGNATURE (Specify) OF office bldg., etc.) OF office bldg., etc.) No. W. AUTOPSY Year No. W. SIGNATURE (Specify) OF office bldg., etc.) OF office bldg., etc.) No. W. AUTOPSY Year No. W. Year No. W. Year No. W. AUTOPSY Year No. W. Year		FADI FADI	stating the underlying cause last. DUE TO
192. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No. 20 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF off office bldg., etc.) NUICIDE (Hour) OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Not While At Work 22. I hereby certify that I attended the deceased from Work 14 twork 15 the representation of the date stated above. SIGNATORE (Degree or title) Endowood Sanatorium - Towson 4, Maryland (State) Burlal, Cremation, Date thereof Name of Cemetery or Crematory Location (City, town, or county) (State) Burlal, Cremation, Date thereof Name of Cemetery or Crematory Location (City, town, or county) (State) Burlal (Specify) 6/16/56 New Cathedral Cem. Balton, Md. Address		MA UN Phy	Conditions contributing to the death but not
21. ACCIDENT SUICIDE OF Office bldg., etc.) PLACE (Home, farm, factory, street, office bldg., etc.) PLACE		ant.	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 1
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? OF INJURY M. Work At Work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Mary 19 ft, to June 19 ft,		W	
alive on fund / , 19 1.6, and that death occurred at 2.45 M from the causes and on the date stated above. SIGNATURE DATE SIGNED Eudowood Sanatorium - Towson 4, Maryland Eudowood Sanatorium - Towson 4, Maryland REMOVAL (Specify) 6/16/56 New Cathedral Cem. Balto, Md. Appress		ĽŸ,	SUICIDE OF office bldg., etc.)
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23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of county) REMOVAL (Specify) Burial ADDRESS		स्र क	alive on fine / 19 1.6, and that death occurred at 2. 45 Ph from the causes and on the date stated above.
REMOVAL (Specify) 6/16/56 New Cathedral Cem Balto Md.			Multan B Sugar Endowood Sanatorium - Towson L. Maryland
ADDRESS			REMOVAL (Specify)
Si de la constant de	115	<€	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. WUNERAL DIRECTOR
	S.	13.14	A THE PARTY OF THE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .. I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: Md. Raltimore COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) Baltimore TOWN HOSPITAL OR STREET (If rural give location) Tayne Nursing Home INSTITUTION OR ADDRESS Bruce St. STREET ADDRESS 3. NAME OF 4. DATE (Month) (Middle) (Last) (First) DECEASED: June, 3 OF MARGARET BRANDI (Type or Print) DEATH: 5. SEX: COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. RACE: Months Days Hours female (Specify) A dowed 1858 about 12. CITIZEN OF 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): WHAT COUNTRY? work done during most of working life. INDUSTRY: even if retired): Housewife County Mayo, Ireland USA 3. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Jane Burns Thomas Goodwin 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Nephew) 3024 Glenmore Ave. -14 15 WAS DECEASED EVER IN U.S.ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) no 18. MEDICAL CERTIFICATION Intervsi Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) DUE TO stating the underlying cause last, (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY 7 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 21. ACCIDENT SUICIDE (STATE) (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work At Work 22. I hereby certify that I attended the deceased from, that I last saw the deceased to alive on from the causes and on the date stated above. , and that death occurred at 27) (Degree or title) DATE SIGNED ADDRESS 00 CREMATION. DATE THEREOF NAME LOCATION (City, town, or comty) REMOVAL (Specify) Woodlawn Raltimore Cemetery DATE REGISTRAR'S SIG ADDRESS UNERAL DIRECTOR REGISTRAR

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5855

CERTIFICATE OF DEATH

()5832 Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATURE (Where deceased lived If institution: Residence before admission) b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Fort Howard Lig Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore				
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Veterans Administration Hospital	d STREET ADDRESS HOLLINS Avenue 6. IS RESIDENCE ON A FARM? YES NO 4				
3. NAME OF First Middle DECEASED (Type or print) WILLIAM J. BI	ROOKHART 4. DATE Month Day Year OF June 3 19 56				
5. SEX 6. COLOR OR RACE Nale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	May 2, 1893 P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.				
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRING MOST of working life, even if retired) Plasterer Contracting Co.	Mt. Washington, Maryland U. S. A.				
13. FATHER'S NAME Benjamin Brookhart	Mary Ritter				
(Yes no ne unhanne) - off use must use a date of comment	Address in.Rec.Vet.Adm.Hospital,Ft.Howard,Maryland				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANAPLASTIC CARC. / / // X DUE TO Conditions, if any, which gove rise to immediate (b)	INOMA OF PALATE THOMA OF PALATE				
Couse (o), stoling the under- lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)				
). (Enter nature of injury in Part I ar Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And the face of work of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)				
XINGOBXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	accurred at 11255PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED A.D. VAH, FORT HOWARD, MARYLAND 6/1/56				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (State)				
Burial June 7, 1956 Druid Ridge 23. FUNERAL DIRECTOR'S SIGNATURE WALL & Supple Sell Horace F. Burgee Funeral Home, 3634 Falls	240. RECID BY REGISTEAR 245, REGISTRAR'S SIGNATURE				
Baltimore, Md.	The state of the s				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

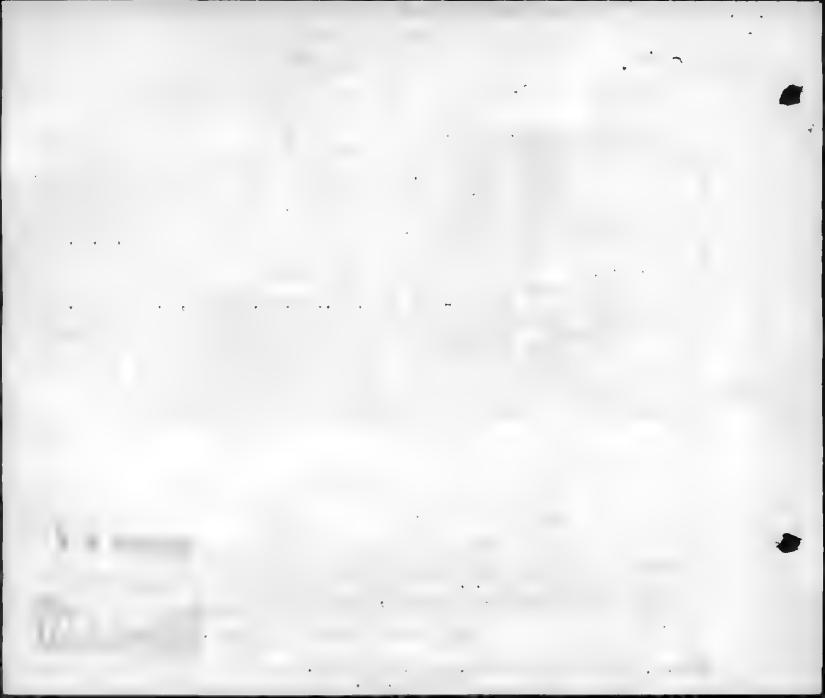
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HOSPITAL

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death.



TO ATTENDING

5857 CERTIFICATE OF DEATH

Reg. Dist. No. 30

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Balto, MARYLAND	STATE Ind. COUNTY Balt
	CITY (If outside corporate limits, write RURAL OR end after nearest town) TOWN (In this place)	CITY (If outside corporate limits, write RURAL and give naerest lown) OR TOWN TOWN
•	HOSPITAL OR Hayore Convalinant forme STREET ADDRESS GESTIELLEUR Convalinant Core	ADDRESS Box 599 Route 14 Balts, 20-17D
	3. NAME OF DECEASED (Fixe) (Middle) Bro	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH Tune 20 19 56
	male that (Specify) ragle 8. DATE OF	78 Yes. Months Days Hours Min.
,	dona during most of working life, even if retired retired retired	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	Cophael Teggs (above)
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION / INTERVAL BETWEEN ONSET AND DEATH
	· IMMEDIATE CAUSE (A) Theuryst	n / horacic Horte
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	S; V2
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES TO NO TO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
	2Id, TIME OF INJURY (Month) (Day) (Year) (Hour) 2ie. INJURY OCCURRED While Not while of work of work / / /	TH. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from 0/15/5	(19, to
MOI I	alive on	ABDRESS (Street, city, town, state) DATE SIGNED
CC-I 701	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR COMMON CONTROL SPECIFY) BURIAL SPECIFY THEREOF NAME OF CEMETERY OR COMMON CONTROL SPECIFY THEREOF NAME OF COMMON CONTROL SP	1/2 000 1561
1	24. REC'D BY REGISTRAR REGISTRARY SIGNATURE	25-PUNERAL DIRECTOR'S SIGNATURE ADDRESS



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5858 CERTIFICATE OF DEATH

05835

Reg. Dist. No.	30
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1,	a. COUNTY	altimoz	e MARYLAND	I A STATE A	there deceased lived. If institution: R	esidence before admission)
	b. CITY OR TOWN (If a Cake and give near	outside corporate limits, write est lown)	2 y 2 mo 24d	0 4/	outside corporate limits, write RURAL	t and give nearest tawn)
	OR INSTITUTION	(If not in hospital, give street) 22gg (-207 a. S	. 1 . 10 1 0	d STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO P
3.	NAME OF DECCASED (Type or print)	Mackeer	Middle	320WN	4. DATE Month OF DEATH	Day Year 7 1956
S	mall	5. COLOR OR RACE 7. MAR WIDOV	THE PER MINISTER IN	8. DATE OF BIRTH UM KHOW	lost hirthdowt Lie	INDER I YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
10	during most of workin	(Give kind of wark done 10th g life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole	or foreign country)	2 CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	es H. 13 20	wn	14. MOTHER'S MAIDEN Macie	Brown / main	den-unk.)
15. {Y		N U. S. ARMED FORCES? 16		This Hospin	tal, Records	
	PART I. DEATH	I (Enter only one cause per I WAS CAUSED BY: MMEDIATE CAUSE (o)		ular acci	dent	INTERVAL BETWEEN ONSET AND DEATH School
Z	Canditians, if any gave rise to improve to the total the cause (o), stating the tying couse last.	, which (b) DUE TO (c)	1 eningeal -		24 ple: lis	many year
CIRTIFICATION	E.					PERFORMED? YES NO
		CAUSE OF DEATH I	SCRIBE HOW INJURY OCCURRED	O. (Enter nature of injury in	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Haur a. jr. p. m.	While		ACE OF INJURY IHome, for allory, street, affice bldg., etc.	n, 20f. (City or town)	(County) (Stote)
	21. I certify tho olive on	0	_ /	occurred ot 130	Line 7th, 1956, the LM, from the causes and ADDRESS (Street, city or town, slote ove St. Hosp. Co	on the dote stated above DATE SIGNED
22	O. SURIAL CREMATION	22b. DATE THEREOF	22c-NAME OF CEMEPERY O	CREMAIORY	22d. LOCATION (City, Idwn, or cor	uniy) (Stote)
	EMBYAL (Specify)	6/12/56	UNIV. OF Md. ScHOOL		BALTIMORE	Md.
23	. FUNERAL DIRECTOR'S :	SIGNATURE	ADDRESS	24a. REC	O BY REGISTRAR 246. REGISTRAL	R'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5859 CERTIFICATE OF DEATH

05836

Reg. Dist. No. 37

USUAL PERIDENCE (HOME) OF DECEMBED

- 1	, rance of warm		
	COUNTY Baltimore MARYLAND	STATE MARYLAND COUNTY CALL	/EKT
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL and give nea	rest lown)
X,	OR and give neerest town] (In this place) TOWN Mt. Wilson	TOWN HUNTING TOWN	
	HOSPITAL OR	STREET (If rurel give location)	
	STREET ADDRESS Mt. Wilson State Hospital	ADDRESS	
	3. NAME OF (First) (Middle)	(Last) 4, DATE (Month)	(Dey) (Yeer)
	DECEASED 1 // /	/ OF	1
	(Type or Print) LIKIE VIOLA PUC	ckler DEATH 6	4 1950
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER	
	FEMALE WHITE (Specify) WIDOW 10-5	-1888 67 yrs.	Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
7	done during most of working life, even if OR INDUSTRY	MARYLAND	U S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM M. JONES	IDA PATTERJON	
- 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
\wedge	(Yes, no, or unk.) (If Yes, give wer or deter of service)	Hospital records	
	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 11 01 0	ONSET AND DEATH
- 1	IMMEDIATE CAUSE IN CHRONIC COR	PULMONALE	ONE MONTH
	ANTECEDENT CAUSE(S) DUE TO	A PARTY TI	NAS VEAD
	DISEASES OR CONDITIONS, IF ANY, BY PULATOMANY FILE (C)	IT DUE TO PUL JONARY TU-	CAL TEAK
	STATING UNDERLYING CAUSE LAST. DUE TO BERCULOSS		TWO YEAR
	(C)		I W C / CZĄTY
	TO THE REATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH,		00 1170001
	19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
1	21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, factory, 21	tc. WHERE DID INJURY OCCUR? (City or town) (Coun	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
	21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED 2	TI. HOW DID INJURY OCCUR?	
	M. at work Not while		
	22. I hereby certify that I attended the deceased from 12	, 1955 , to 5 - 4, 1955 ,, that I	last saw the deceased
1	alive on 9 - 4 - 19.5 b and that death occurred at:		
×	SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
5 1	William Mertinu M.D.	Mt. Wilson, Marylan	đ
1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county	(Stata)
A15C 1-55 1DM	Bune 6, 1956 Wesley Mi	the dist Com Prince Freder	its Sud
νς ς	24. REC'D BY REGISTRAR (REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	1 1 100 Too	1 1 1 7 6 X C)	T 1 7.1
	DATE A OVOTOCKY Rewells	a. 4. Hackness & Jon-m	relied, me,



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	The Dist All Gift - 7/5 564 CERTIFICATE OF DEATH Reg. Dist. No. 38
	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. COUNT
	Baltimore MARYLAND Md. Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) annesite c. LENGTH OF STAY IN 1b Baltimare
松,人	
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 629 Register Ave d. STREET ADDRESS ON A FARM? 765 NO [14 74 - 44 - 44 - 44 - 44 - 44 - 44 - 44
	3. NAME OF DECEASED (Type or print) Florence G. Bunce Last 4. DATE Month Day Year DEATH June 24, 1956 19
	S. SEX Female COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Manifes Days Mours Min Manifes Days Mours Min Min
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady 12. CITIZEN OF WHAT COUN Balto. Ma.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	-John Thompson, Cames Susannah
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Balto. 23,
	214 24 6117 Mrs. Vernen Hartman, 305 S. Mount St
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cerebral thrombosis with hemiplegia (right) 6 wks.
	4 2 2 1 , DUE TO
	Conditions, if any, which (b) Arteriosclerotic cardiovascular disease 4 yrs.
	couse (a), stating the <u>under-lying cause lost.</u> DUE TO
U	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) 19 WAS AUTOPS PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) 19 WAS AUTOPS PERFORMED.
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. p. m. 19 While at wark at war
	21. I certify that I attended the deceased from April , 19 55, to June 24 , 19 56 that I last saw the deceased
	alive on <u>Tune 23</u> 1956, and that death occurred at <u>11:20P</u> M, from the causes and on the date stated about
,	ACTUAL PALL SIGNAL ATTORNEY ATTORNEY 6/25/56
5 /	SIGNATURE ACOUST C. Saylo M.D. 3902 Greenmount Avenue 6/25/56
	PHYSICIAN'S NAME (Type) Lloyd E. Saylor, M. D. Baltimore 18, Maryland
2	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or caunty) (State)
	Burial Specify June 28/56 Loudon Park Baltimone 153
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC D BY REGISTRAR 240 REC D BY REGISTRAR SIGNATURE
7	Henry H. With (2010) Edmondson AV E DATE Makel Bray

...

NOT THE REAL PROPERTY.

1 .			MARYL	AND ST	ATE DEPARTA	NENT OF HEALT	H-BALTIMO	RE, 18	0583	38
or,			586	1	CERTIFIC	ATE OF DEAT	Н	Re	g. Dist. No.	33
led with	1.	Baetin		State 7	Y. SCLOOL MARYLAND	2 USUAL RESIDENCE (WO O. STATE		If institution: I	Residence before	odmission)
E M			(if autside corporate limit	s, write c. L	ENGTH OF STAY IN 16	e. CITY OR TOWN (IF	outside corporate limit	s, write RURA	L and give neare	st town)
		DUTTING S	TTAL (If not arrhospital, gi	ve street orbre	16/2415	d. STREET ADDRESS	moke,	mod		*C BECIDENCE
7		PR INSTITUTION	1 1 A my	-	solone	Ra	RAL			IS RESIDENCE ON A FARM? YES NO D
		NAME OF DECEASED (Type or print)	Fin		Middle	Last	4. DATE OF DEATH Q	Month	Day	Year
	5. !		16. COLOR OR RACE	7. MARRIED F	NEVER MARRIED 🗹	Burke 8. DATE OF BIRTH		(In years IFt	INDER I YEAR IF	19 3 6 UNDER 24 HRS.
I	-	male	white	WIDOWED	DIVORCED 🗍	3/3/23	lost b	erthdoy) Mc	onths Days I	Hours Min.
	10a	during most of wo	ON (Give kind of work or brighting life, even if retired)		OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Slote	Parel	1	12 CITIZEN OF	WHAT COUNTRY?
9	13.	FATHER'S NAME	a 1.			14. MOTHER'S MAJDEN	NAME	4		
	15	WAS DECEASED EV	YER IN U. S. ARMED FOR	CESS IN SOCI	AL SECURITY NO 17.	Mary	Male	Added	den	
		No. or unknown)	(If yes, give wor or dates of se	HIVICO)	ONE	Rosewaso	e Reco.	ids -	· Curi	25 mille
E .			EATH [Enter only one co	use per line for	(o), (b), ond (c).]	4.0 1:				AND DEATH
		PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ot	atur 6	pilepteen	<u>v</u>		7.0	w munul
		Conditions, if	DUE TO	new	social to	ie with	and to	wall.	- 1	Bith.
		gave rise to codse (a), stating	immediate (770-0	0		11	mun	2 /0	201.0-
	7	lying couse lost		Epi	eys sy					
0	ICATION					T NOT RELATED TO THE TERM			' '	PERFORMED?
5	CERTIF	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of ite	m 18.}		
	DICAL	20c. TIME OF INJU			OCCURRED 20e P	LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or town))	(County)	(\$lole)
	MEDI	p. m.	10	of work [of work		1			
			that I attended the	deceased for		78 , 1956, to	Lune 18.			
		alive on	. /	0	, wind that deat	h occurred at / 4/6/	ADDRESS (Street, city			stated above. DATE SIGNED
<i>,</i> ,		ACTUAL SIGNATURE	Harry 1	5. 13	urler	M.D. am	ings M.	ill,	Ind o	6/18/56
5		PHYSICIAN'S NAME (Type)								
ig - eg	220	-REMOVAL (Specifi	ON, 226. DATE THEREO	F 22c	NAME OF CEMETERY	/	22d. LOCATION (Cit	. 12.	- Northean	(Stote)
The The	23	FUNERAL DIRECTO	- 16 5		ADDRESS	EMELERY 246. REC	D BY REGISTRAR 2		R'S SIGNATURE	Flat.
o Ban		bllowa	74 Co. S	alist	my: or	TC . DATE	6-18-56	Jar	3.E 14	line.
		J								

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	RE, 18 U5839
,	Items 8,9: film G200 7-26-3L CERTIFICATE OF DEATH	2.1
4 SE		Reg. Dist. No.
Page West	O. COUNTY D. CO	DUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits,	Baltimore write RURAL and give negrest town)
E LY	X RURAL ond give neorest town) Stevenson Stevenson	\
The fire	d NAME OF HOSPITAL (If not in hospital give street address)	e. IS RESIDENCE ON A FARM?
" >u	Stevenson Road Stevenson Road	YES NO Z
d in b	3. NAME OF First Middle Lost 4. DATE OF	Month Day Year
n 24 Fille Jes 1	(Type or print) PEARL MARCELLA BURNHAM DEATH JUI	19 7, 1956
within 2 tely Filla Pages	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In	hdoy) Months Days Hours Min
camplet papers.		yrs .
	during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
g 545.	Housewife Own Home Maryland 13. FATHER'S NAME	
cian cian after a safety	Cornelius Boblitz Annie Gill	
certificate g physicia remave ac	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	In hat Bus wer, on construction (in hat Bus wer, on construct to seasons)	
death ce ttending please re mithin 72	18 CAUSE OF DEATH [Enter only one couse per line to (o), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
e off	PART I, DEATH WAS CAUSED BY: GRENAL Hemorrhan	2 3 daip
that the transfer to the trans	DUE TO	110
and in the	Conditions, if any, which gove rise to immediate (b)	glain
signé Per	lying couse lost. (c) all levoscleroses	year
iciar ansi		ON GIVEN IN PART US 19. WAS AUTOPSY
phys as by as by as by as by	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	PERFORMED? YES NO D
fing find burners	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTIN	
tend iffico iffico iffico iffico or or		
YSK cert cert cert ation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And Indian a.m. 20f (City or town) While Not while of work of work to work t	(County) (State)
this are a man and a man	p. m. 19 of work of work	
riter ol, o	21. I certify that I attended the deceased from	2.6. that I last saw the deceased
PEND Pori	alive on 19 and that death accurred at 2 At M, from the cau	uses and an the date stated above. DATE SIGNED.
AT by a de	ACTUAL SECTION	1000 md 6-7-(7
Direct of property of the prop	SIGNATURE OF COLUMN M.D. M.D.	4.00
TAI reta	PHYSICIAN'S AMES G. Affell Meisters To	5 WN, MId
HOSP any be FUNE oge 3	270. BURIAL CHEMATION, 27b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City,	town or county) of (Stote)
a t a 0. ± .	DIKITIC WINE 1, 1900 CANTOUR CEMELING VAISTAGENT	Reagle Butte Country
VS A15 (4) \$31	300000 11 11 11 11 11 11 11 11 11 11 11 1	REGISTRAR'S SIGNATURE
15M 9/55	700011 12001100 1000 1000 1000 1000 1000	practice develle y

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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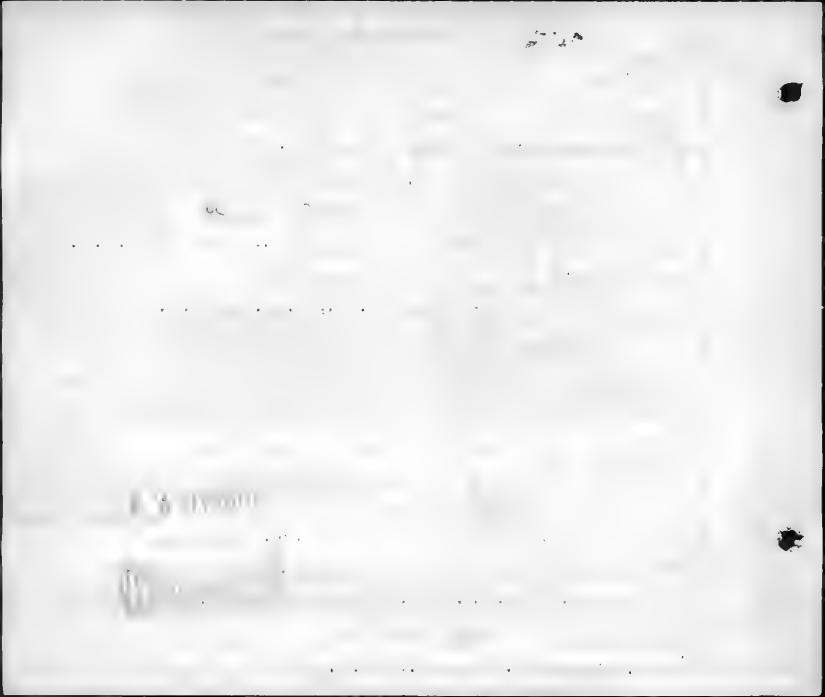
	1,000		CERT	IIICAI	L OI DE	PA 1	i .		Reg. Dist	. No.	44	
1. PLACE OF DEATH 6. COUNTY Baltim	ore		MAR	YLAND 2.	USUAL RESIDENCE O STATE			lived If instituti b. COUNTY		before	admissio	in)
b. CITY OR TOWN ((If outside corporate lim	its, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOW	N (If o	utside corpoi	rate limits, write l	URAL and gi	ve neare	st town)	
Fort B	loward		6 Days		Balt	timo	ore					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d STREET ADDR					0	IS RESID	EARM?
Vetera	ns Administ	ratio	on Hospita		921	N.	Carey	Street			YES 🗌	
3. NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE	Mor	ılh	Day	Ye	ear
(Type or print)	THOM		H		UTLER		DEATH	June	1	3	19	9 56
5. SEX	6. COLOR OR RACE	7. MARR	RIED TO NEVER MARR	IED B. E	DATE OF BIRTH			9. AGE (in years Last birthday)	Months [- 1	
Male	Colored	WIDOWI			2/22/00		{	50 yn.	Monins	Days	Hours	Min.
Ga USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11 BIRTHPLACE	(State	or foreign ca	ountry)	12. CITIZ	EN OF	WHAT (OUNTR
Chauffeu			ortuary		Charles	B Co	, Mar	yland	U.	S.	A.	
3. FATHER'S NAME				1	4. MOTHER S MAI	DEN N	IAME					
Richard	Butler				Annie 1	Lyve	ere					
15. WAS DECEASED EV	ER IN U. S ARMED FOR		SOCIAL SECURITY NO	17, INFO	RMANT			Add	ress			
Yes	WW I	2	16-10-7987	Clin	.Rec. , Vet	t.Ac	im. Hos	pital,Ft	. Howa	rd, F	[ary]	Land
18 CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), and (c)]							VAL BETY	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	CI	RRHOSIS OF	LIVER	WITH ESC	PH	GEAL '	VARICES		UNSEI	G GNA	PEATH
. 0	XXXXX		D HEMORRHA	GE						6 N	ONTI	IS
Conditions, if a	any, which)	HE	PATIC COMA	-	,							
gove rise to couse (a), stoting	immediate (RRHOSIS OF	LIVER					-	11	YAC	
lying cause last.)										
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	11	PERFOR	UTOPSY MED? NO 🚺
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED. (I	Enter nature of inju	ury in F	art I or Port	11 of item 18.)				
ZOC. TIME OF INJU Hour a. st. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Not while at work	20e. PLACE foctory	OF INJURY (Home r, street, office bld	e, farm g., elc.	20f. (City	or town)	{Co	iunty)		(State)
21. I certify t	hat Antended the	deceas	ed from June	e 7	.156 to	ı II	me 1	3 19 5	STREETCH	ണമത	9 1 'A' E	@ F & F
10000000000000000000000000000000000000	20000000000		COOC and that	death ac	curred at 8	· Lint	M from	the courses	and on the	e date	clotec	dabas
			,					reet, city or town,		s duic		TE SIGNI
ACTUAL SIGNATURE	oopen.m.	0_0_		М.D	VAH, I	T.	HOWAR	D, MARYL	AND		6/1 <u>1</u>	1/56
PHYSICIAN'S NAME (Type)		J.ER.	M.D. Chie	f Surg	ical Seri	71ce	YAH,	FT. HOW	ARD, M	ARYI	AND	
220 BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THERE)F	22c. NAME OF CEN					ION (City, lown,	,,,		(State)	
Burial	0 / 0	36	Baltimor	e Nati	onal		Balt	imore, M	arylan	d		
23. PHITERAL DIRECTO	SCHATTARE	2	ADDRESS		240	. REC'E	BY REGISTI		STRAR'S SIGN		0.00	> .
000000000000000000000000000000000000000	7 21.0	37 4	7.73 C4	D-14	- 36.2 DAI	TE /_	15.0	1 10. 1	200000	NY	W.	. 1

ral director, be filed with may be retained by the spital or attending physician.

TO FUNERAL DIRECTORY After this certifical has limin signed by the attending physician and completely filled in by the fune page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-de-

TO HOSPITAL OR ATTE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Done un in 1857 Freighten Armen H



may be retain 5 FUNERAL 1 ന 2

23. FUNERAL DIRECTOR'S SIGNATURE Wm.Cook-Blight Inc. 6009 Harford Rd. Bolto.

REMOVAL (Specify)

Removel

220. BURIAL, CREMATION, 22b. DATE THEREOF

DONALD D. MARK.

22c. NAME OF CEMETERY OR CREMATORY rlington Netional ADDRESS

Arlington 24a, REC'D BY REGISTRAR

Virginia 24b. REGISTRAR'S SIGNATURE

Fort Heward Maryland

22d. LOCATION (City, town, ar county)

Mel DATE

Par's SIGNATURE Parlux

ON A FARM?

YES NO W

Year

PERFORMED? YES 🍱 NO 🗔

(Stote)

DATE SIGNED

(Stote)

Hours

19 56



38	CERTIFICATE	OF DEAT

05844

3 868	3	CERTIFI	CAIL	OF DEAT	П		Reg. Dist.	No. 4	4
1. PLACE OF DEATH o. COUNTY Baltimere	,i	MARYLAN	il a	SUAL RESIDENCE (V. STATE		lived. If institution b. COUNTY	on: Residence	before adm	sission)
b. CITY OR TOWN (If outside corporate limit	ts, write	c. LENGTH OF STAY IN 1	b 6	. CITY OR TOWN (III	ryland	cote limite write PI	IPAL and an	e negret la	
RURAL and give nearest town)					•	iolo ilililis, ville ki	SWILL OUR BLA	's	miq
d. NAME OF HOSPITAL (If not in hospital,	ive street o	16 days		Baltin I. STREET ADDRESS	ere			- IS B	RESIDENCE
OR INSTITUTION			201		Ch h			ON	A FARM?
Veterans Administrati			11/0	Linnard					□ но 🔽
DECEASED		Middle		lost	4. DATE OF DEATH	Mont		Doy	Year
מיו	LTER	М.	10.04	CONWAY	DEATH	300	IF UNDER 1	9	19 56
		NEVER MARRIED		TE OF BIRTH		9 AGE (in years lost birthday)		Days Hour	
Male White	WIDOWE		1 //	21/81		74 yrs.	120 000		
100 USUAL OCCUPATION (Give kind of work during most of working life, even if retired	one IVo. 1								AT COUNTRY
Fireman 13. FATHER'S NAME		Fire Depart				Land	U.2	S.A.	
			14.	MOTHER'S MAIDEN					
Jehn Cenway	I.			Elizabe	th Jey				
15. WAS DECEASED EVER IN U. S. ARMED FOR (You no. or unknown) [Iff yes, give wor or dates of a	ervice)		7, INFOR			Addr			
Yes OW			Cain.	Rec., Vets	.Adm. H	esp.Fort	Heware	, Md.	
18. CAUSE OF DEATH [Enter only one co								INTERVAL ONSEL-AN	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	LO	WER NEPHRON	NEPHI	COSIS				ONSELAN	NOWN
DUE 10	SHO	OCK FOLLOWING	G TRA	NSURETHRA	L RESEC	TION (6-	4-56)		
Conditions, if any, which	1								
gave rise to immediate Couse (a), stating the under DUE TO	,		•						
lying couse lost.)								
PART II. OTHER SIGNIFICANT CON 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERA	MINAL DISEASI	CONDITION GIVE	EN IN PART 1	PERI	S AUTOPSY FORMED?
200 ACCIDENT WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Ent	er noture of injury in	n Port I or Port	If of item 18.)		1 700 2	7 140 []
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						·			
	27 20d. IN	JURY OCCURRED 20e.	PLACE C	F INJURY (Home, for	rm. 20f. (City	or lown)	(Co	unty)	(Stote)
20c. TIME OF INJURY Month, Day, Yell Hour o. jr. p. m 19	While	Not while	factory,	treet, office bldg., e	fc.)		1000	,,	(5,0,0)
					<u> </u>	ر می			
21. I certify that Visitended the				, 19 <u>56</u> _, 10_1					
discussiones de la company de	XXXXX	progress and that de	oth occ	rred at 6:25					
ACTUAL APPROPRIE	///	Misko		-		reet, city or town, s			DATE SIGNED
SIGNATURE	/	More	M.D.	Veterans	Adminis	stration	Hespit	tal.	6-10-5
PHYSICIAN'S NAME (Type) DONATO D M	ARK.	M. D.		FORT H	ICWARD.	MD	~~~~	6-1	0-56
220. BURIAL, CREMATION, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR CRE			ION (City, Iown, o	r county)	(St	iote)
BURIAL 6/13/50	5	BALTIMORE	NAT	ONAL	BAT	TIMORE. M	ARYLAN	m	
23. FUNERAL DIRECTOR'S SIGNATURE	Inc	ADDRESS			O BY REGIST		TRAR'S SIGN		
VM-COOK-BLIGHT FUNDIR	-		BATA	O. MD DATE	6-20-3	6 Ds. 1	Vanis	2,11 -	Warles
							3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	- 17	

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after D FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registre prior to Burial, cremation, exempted, and in any event within 72 hours after death. ospital ar attending physician TO FUNERAL DIRECTORY TO HOSPITAL OR ATIF VS A15 (4) 15M 9/55



VS 150

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5870 **CERTIFICATE OF DEATH** PLACE OF DEATH

05846

Woodlawn,

240. REC'D BY REGISTRAR - 246 REGISTRAR'S SIDNATURE

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)

Md.

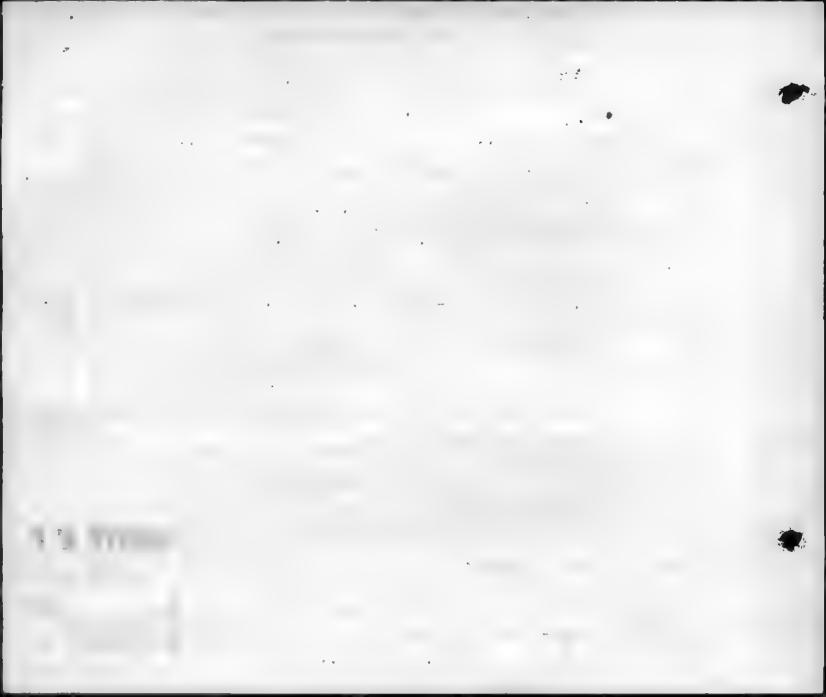
ı	Baltimore	MARYLAND	Md.	b. COUNTY	Balti	more
Г	b CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	outside corporate limits, write f	RURAL and give ne	arest Iown)
L	Floral Park	5 Yrs.	Floral Pa	irk		y
	d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Eberhart	•	d street address 5906 Eber	hart Ave.,		e. IS RESIDENCE ON A FARM? YES NO
100	NAME OF First DECEASED (Type or print) W1111	1111-1-1	Crum	4. DATE Mor		7ear 2 19 56 •
45		7- MARRIED TNEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV.24, 1895	9. AGE (In years jost birthday) 60 yrs.	Months Days	Hours Min
, T	Od USUAL OCCUPATION (Give kind of work do during most of working life even if retired) [AINTONANCE INSPECTION	or hoff Co.		or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
Ī	3. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME		
1	William Thomas Cr	rum	Ida Mae	Radcliffe		
	5. WAS DECEASED EVER IN U. S. ARMED FORCE YES, no, or unknown! [If yes, give wee, or daren of serv YOS [We W. I		mrs.Evelyn C	. Crum 5906	Eberhar	t Ave.,
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	per line for (a), (b), and (c)]. Ruste	Pulmona	ny Ederna		ERVAL BETWEEN SET AND DEATH
1	DUE TO	myscardial !	Insantim	0	,	O menus
	Conditions, if ony, which (b)_					
	gove rise to immediate DUE TO					
1.	lying couse lost. (c)_					
	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0)	PERFORMED? YES NO THE
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	10b. DESCRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in f	Part I or Part II of item 18.)		IED NOTE
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While Not while for work of work	LACE OF INJURY IHome, form octory, street, office bldg., etc.	, 20f. (City or town)	(County)	(Stote)
	21. I certify that I attended the dalive an	1 // //	h accurred at 7 12	M, from the causes (ADDRESS (Street, city or town,	and an the da	
	SIGNATURE Floy (4.	eliman	.M.D. 5907	GNYYMM	OAK	are 6-23
	PHYSICIAN'S Leon Ashma					
12	20 BURIAL CREMATION, 22b, DATE THEREOF	22c NAME OF CEMETERY O	OP CREMATORY	22d TOCATION IC N. fown	me encombed	151-1-3

Lorraine Park ADDRESS 3207 W.North Ave.,

may be retained by TO FUNERAL DIRECTOR TO HOSPITAL OR VS A15 (4) 15M 9/55

REMOVAL (Specify)

6-26-1956



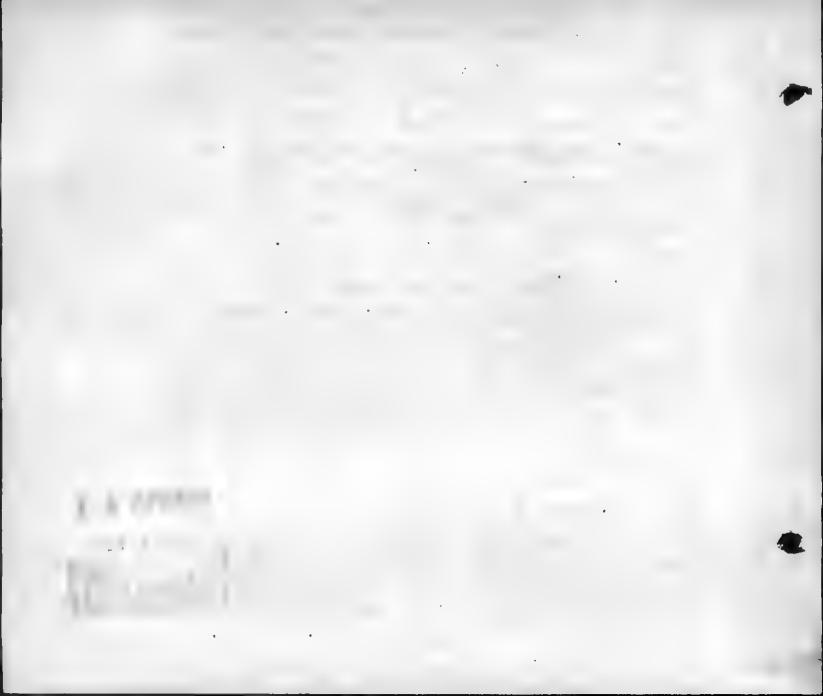
Section Sect		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05847
D. COUNTY		• 5871 CERTIFICATE OF DEATH Reg. Dist. No. 36
DURAL COR (property) A. NAME OF HOSPITAL (I) not in hospital give force oddressly A. NAME OF HOSPITAL (I) not in hospital give force oddressly A. NAME OF HOSPITAL (I) not in hospital give force oddressly A. NAME OF DIRECT A. NAME OF DIRECT A. NAME OF DIRECT D. NAME OF DIRECT A. NAME OF DIRECT A. NAME OF DIRECT D. NAME OF DIRECT A. NAME OF DIRECT A. NAME OF DIRECT D. NAME OF DIRECT A. NAME OF DIRECT A. NAME OF DIRECT D. NAME OF DIRECT A. NAME OF		a COUNTY /
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S. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 3 ONE OF BIRTH 100 MINUTED 100 MINUTED		d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS / / 2 / 6. IS RESIDENCE
DIVONCED		3. NAME OF DECEASED (Type or print) Robert Middle Day 4. DATE Month Doy Year OF DEATH (// n.e. 20, 1956)
during most of working life, even if relired) The Of Cr. It MOTHER'S MAIDEM NAME 12 FATTHER'S NAME 13 FATTHER'S NAME 14 MOTHER'S MAIDEM NAME 15 WAS DECEASEDEVER IN U.S. ARMED FORCES? [16. SOC/ALSECURITY NO.] 12 WINDOWMANT 16 PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if only, which gover rise to immediate cookie (a), toling the under cookie (a), toling the under life cookie (a), toling the under life of Contributing of Contributi		
15 WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO 17. HERORMANY 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c). 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate course (o), stoling the under- lying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IP WAS AUTOR PERFORMED: YES NO 20. CICIENT WAS UNDERLYING 20. CONTRIBUTING Month, Day, Year 20d. INJURY OCCURRED (of the notive of injury in Port I or Port II of them 18) 20. CITIES OF INJURY Month, Day, Year 20d. INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINE) 21. I certify that I attended the deceased from 19 Mining of work of the work of the work of the stated of ADDRESS (Street, city or town, stole) 22. JUSTRAL DIRECTIONS SIGNATURE 22. JUSTRAL DIRECTIONS SIGNATURE 22. JUSTRAL DIRECTIONS SIGNATURE 23. JUSTRAL DIRECTIONS SIGNATURE 24. ADDRESS 25. ADDRESS 26. REGISTRAR 2 2db. REGISTRAR 2 2db. REGISTRAR 3 SIGNATURE 25. ADDRESS 26. ADDRESS 27. ADDRESS		during most of working life, even if retired)
Second Contribution County Coun	1	Ezekiel Dailer Caroline Hollingshead.
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21. I certify that I attended the deceased from 19.24 to 20.24 to 20.25 that I last saw the deceased alive on 19.25 to 20.25 that I last saw the deceased alive on 20.25 that I last saw the deceased alive on 20.25 that I last saw the deceased from 20.25 that I last saw that I last saw the deceased from 20.25 that I last saw t		
alive on		20c. TIME OF INJURY Month, Day, Year Hour o. m., P. m. 19 Octory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year Month, Day, Year While Not while of work of work of work of work of work of work.
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. M.D. M.D. M.D. M.D. ADDRESS (Street, city or town, stole) DATE SIGNATURE M.D. PHYSICIAN'S M. P. P. DOY THEY NAME (Type) M. I HEY BOY THEY VALUE AND MARKET OR CREMATION. 220, DATE THEREOF 220, PURIAL, CREMATION. 220, DATE THEREOF 221, DATE SIGNATURE 222, DATE THEREOF 224, DECON BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 231, DATE SIGNATURE 240, RECO'BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
223 DURIAL, CREMATION, 276 DATE THEREOF 225 NAME OF CEMETERY OR CREMATORY 22d OCCATION (City, fown, or county) (Stole) 23. DURIAL DIRECTOR'S SIGNATURE 24. RECO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1	ACTUAL ADDRESS (Street, city or town, stole) DATE SIGNED
28. Junièral Director's Signature - Address 240. REGISTRAR 246. REGISTRAR'S SIGNATURE		PHYSICIAN'S Milner Bortner White Hall Md.
23. JUNIERAL DIRECTOR'S SIGNATURE		CAREMOVAL ISPECTIVE I. I. AD IAZZI (I THE I I I I I I I I I I I I I I I I I I I
ENTERNATION OF THE PROPERTY OF		23. JUNIBRAL DIRECTOR'S SIGNATURE ADDRESS 240. BECOD BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

	PLACE OF DEATH		•	2 USUAL RESI	DENCE (Wh	ere decease	d lived. If institution	n: Residence	before odm	ussion)
	o. COUNTY	BALTIMORE	MARYLAND	o. STATE	ARYLA	ND	b. COUNTY			
	b CITY OR TOWN (If RURAL and give nec	outside corporate limits, v	write c. LENGTH OF STAY IN 15	c. CITY OR	IOWN (IF o	utside carpo	prote limits, write RL	JRAL and giv	e nearest la	iwn)
		FORT HOWARD	87 DAYS	B	ALTIM	ORE			61	
	d. NAME OF HOSPITA	L (If not in haspital, give	street address)	d. STREET A	DDRESS				e. IS R	ESIDENCE A FARM?
		ETERANS ADMI	NISTRATION HOSPI	TAL 1	052 H	ARFOR	D AVE			NO NO
3.	NAME OF DECEASED	First	Middle	los	1	4. DATE	Moni	h	Day	Year
	(Type or print)	ETWARD	G.	DATTON		OF DEATH	JUNE		B 1	19 56
5.	SEX		MARRIED X NEVER MARRIED	A-1-1-1	Н		9. AGE (In years	IF UNDER 1	YEAR IF UN	
	MATE	WHITTE WI	DOWED DIVORCED	AUGUST 1	5. 18	70	last birthday)	Manths D	ays Hau	rs Min.
I Oc	. USUAL OCCUPATIO	N (Give kind of work dane	106. KIND OF BUSINESS OR IND					12 CITIZ	EN OF WH	AT COUNTRY
	during most of worki	ng lite, even it retired)	IRON WORK		INCTO		_	II	S.A.	
	FATHER'S NAME	AV	THOSE WORK	14. MOTHER'S			<u>.</u>		V + 21. +	
	JOHN DALJ	PON		ANNT	E LON	EV.				
	WAS DECEASED EVER	IN U. S. ARMED FORCES		INFORMANT	E LOI	111	Addr	ess		
[Ye	W 1	f yes, give war or dates of service CYT-T		LIN.REC.	TET A	DM HO	ਤਰ ਵਾਸ਼ ਸਨ	MARD M	ARYT.A	NA
	YES I	TH [Fater only one cause	per line for (a), (b), and (c)]	TITLI A LUIVA A	ATOT OF	TATELLO	or ear rento	WALLO 917	INTERVAL	
	PART I. DEAT	H WAS CAUSED BY	CONGESTIVE HEAD	ET TATIIT	STREE S	TO			ONSET AN	NO DEATH
		IMMEDIATE CAUSE (o)	MYOCARDIAL		a DOD	10			UNKN	ICLIN
	Candidan Wan	30000	LITOOMIDIAL	FIDIOOID					OITIL	101134
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z	lying couse last.	7 (c)	IONE CONTRIBUTE C TO DESTRU	UZ NIĆE OFI LUTO U		D.05.4	5.0011010011011			C ALITOPOLY
OL	PARI II. OTHI	EX SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BE	UI NOI KELATED IO	THETEKMI	NAL DISEAS	E CONDITION GIV	EN IN PARE	PER	FORMED?
<u></u>	20- 400000000000000000000000000000000000	LINOSTHUND CO. LOS	DECCRISE AND A STREET OF STREET						YES	NO 🗆
ERTI	20g. ACCIDENT WAS	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	KtD. (tnler noture o	ז ומוטוץ ומ וי	rorr I or Pai	1 II of item 18)			
7	(IF EITHER, NOTIFY A	- 1				1				
Š	20c. TIME OF INJURY Hour a. j.,		20d. INJURY OCCURRED 20e. While Not while	PLACE OF INJURY (I foctory, street, office	Hame, tarm, bldg., etc.	20f. (Cit	r or town)	(Co.	unty]	(State)
ME	p. m.	19 0	of work at wark			<u> </u>				
	21. I certify the	at Montended the de	ceased from MARCH 9	, 1956	, to JU	NE L	1 <u>556</u>	additional technique	30000tb	ा क ती लगा स
:	SPACE CONTRACTOR		and that dea	th occurred at	9:55	PM, from	n the causes a	nd on the	date sta	ated above.
		1 10.01	19-11/1 mall			ADDRESS (S	treet, city or tawn,	state)		DATE SIGNED
	ACTUAL SIGNATURE	HARIA	NO VINDE	_ M.D	HFT	HOWA	RD MD		6-5-	-56
	PHYSICIAN'S									
	NAME (Type)	DONALD D. N	MARK, MD.	VA	H. FT.	- HOTJA	RD MD		6-5-	-56
220		, 226. DATE THEREOF	22c. NAME OF CEMETERY				TION (City, town, a	r county)	(\$	tate)
	REMOVAL (Specify) BURTAL	6-7-56	BALTIMORE NA	ATTONAL.		BAT	TIMORE. N	ARYTAN	VĐ.	
	EUNERAL DIRECTOR'S		ADDRESS		24a. REC'0	D 8Y REGIS		PRAR'S SIGN		41
1	Mits. Whili		DA 337 - CA D-74-	Ma	DATE	N 7	1915 1	Jawes	wZ.	Farters

May Thurs

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05849 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE h. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE (If not in hospital, give street address) ON A FARM? YES NO odaloria 5210 Tilbury Way Farrage 3. NAME OF Fint DATE Month Day Year DECEASED (Type or print) 1956 DEATH enne 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. fost birthday) Months WIDOWED [DIVORCED [7033 YIL. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dishur asher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas F. Daniels Nancy Gibson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Thomas F Daniels - 5210 Tilbury Way none 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: 18/120 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 119, WAS AUTOPS PERFORMED? NO R 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY A or CONTRIBUTING Month, Day, Year 20d. ENJURY OCCURRED 20c TIME OF INJURY 20a. PLACE OF INJURY (Hame, form, (State) i 20f. (City or town) (County) factory, street, affice bldg, etc Swimming trade 1956 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X, and find that death resulted from: Notural causes ... Accident XI, Suicide II. Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) New Cathedral Cem . Balto. **ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



Parklawn

ADDRESS

Robert A. Pumphrey-7557 Wis. Ave. Bethesda, N.d.

Rockville

24g. REC'D BY REGISTRAR

Maryland

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR A

MOY be retained by

WOY ST TO FUNERAL DIRECT

SSYST T

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

6/12/1956

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5817

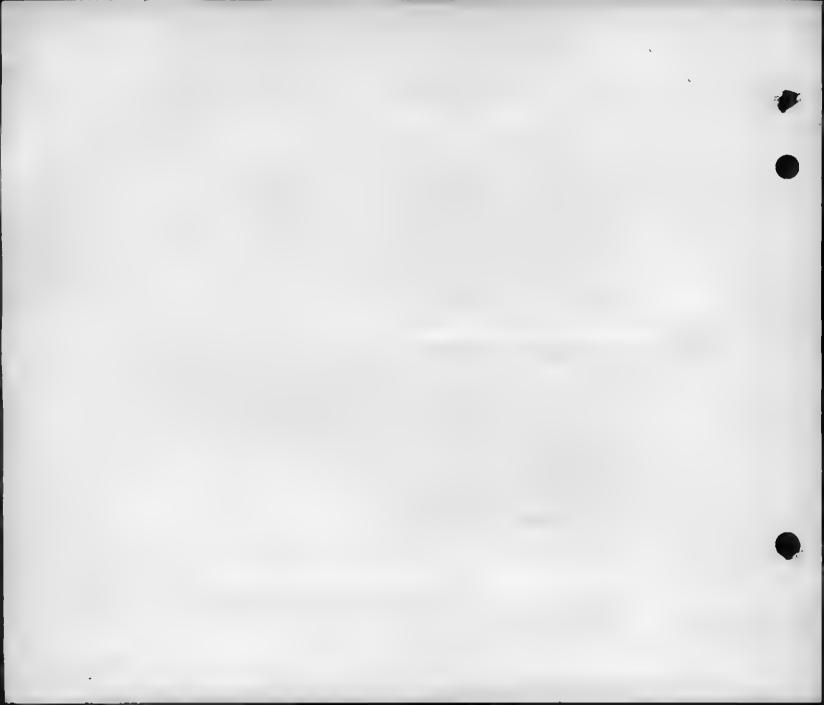
CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	14 - ct
COUNTY Baltimore MARYLAND	STATE maryland COUNTY	E THORP
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) Dunce [11 22 (in this place)	TOWN QUYNG4/11 22	
HOSPITAL OR	ADDRESS (4/2)	
INSTITUTION OR STREET ADDRESS 6435. A vonsale Rd.	ADDRESS 6435. Avondule Ro	₹
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED ERNEST Charles	DOGSON DEATH JUNE	19 1956
5 SEX 6 COLOR OR RACE 7 SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under I	year If under 24 hrs.
Male Colored WIDOWED, DIVORCED, (Specify) Married	October 16, 1897 68 ym. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) [12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY ELECTAIC FLUX	manuland	COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	(
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (II yes, give war or dates of 215-09-1620	MAS. ESTARA DOGSON 648 S. AVONO.	ale NV.
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	at and the discussion	6 .
2.0000000000000000000000000000000000000	Rdio-Vaseniar disease	#44s
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	/TSTAMQ	2495
stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		20. AUTOPSY1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
A DY ACTO (II)	(CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(SIAIS)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
OF INJURY m. Work At work		
22. I hereby certify that I attended the deceased from man J.	2. 19.6 to 5447/9., 19.5 6 that I last sa	aw the deceased
	~ ~Q	
alive on	ADDRESS	ated above. DATE SIGNED
(Killiam C. Hade on-w. 140.	DUT AVENUE WAN dultias.	ma 6-19-56
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	and not line Bultimore	y) (State)
DATE SECO EGOCAL REGETWAND CONTURE	24. FUNERAL DIRECTOR	ADDRESS
REG. M. W. nedrich	Erray (Wiban!	Frankler
740)17 6		- NOV - V - V - V - V - V - V - V - V - V -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR DIN

VS. Al5



	• MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05853
(M)	• 5876 CERTIFICATE OF DEATH Reg. DI	st. No. 38
M	1. PLACE OF DEATH O. COUNTY Builtimere Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution, Resider O. STATE B. COUNTY B. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and Provided Company) C. CITY OR TOWN (If outside corporate limits, write RURAL and Provided Company)	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
,	3 NAME OF DECEASED (Type or print) LALRA AGL'STULECHART DEATH JULIE	Doy Yeor 22 1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthday) WIDOWED DIVORCED SEB 27 / 580 75 yrs Months Months 75 yrs Months Months 75 yrs Months Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17). BIRTHPLACE (State or foreign country) 12. Cli 12. Cli 13. Cli 14. SELCI 15. Cli 16. SELCI 17. Cli 18. Cli 19. Cli 19. Cli 10. Cli 10	ZEN OF WHAT COUNTRY?
41	13. FATHER'S NAME WHEELER 14. MOTHER'S MAIDEN NAME WITHELM	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT () Address (Yet. no. of unknown) (If yes, give wor or dofes of service) (If yes, give wor or dofes of service)	ek Ra
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ANALISE OF DEATH IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) Outering lesson + Hechestonian	
	gove rise to immediate costs (o), storing the <u>under-</u>	
*	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		County) (State)
	21. I certify that I attended the deceased from Tuus 10, 1950, to June 12, 1956, that I	last saw the deceased
,	alive an alive and an the causes and an the causes and an the causes and an the causes (Street, city or lown, stote)	DATE SIGNED
	PHYSICIAN'S ALIPE HOR CP. CT.	6/22/26
,	PRINCIPLE TO THE PORT OF CEMETERY OR GREMATORY, PRINCIPLE THEREOF (22c, NAME OF CEMETERY OR GREMATORY) (22d. LOCATION (City, town, or county)	(Stote)
A374	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE	MATURE 1160
,	teny funtion of mile 4905 gook nd toke 26 1050 / Nobel)	Frays

Page Name

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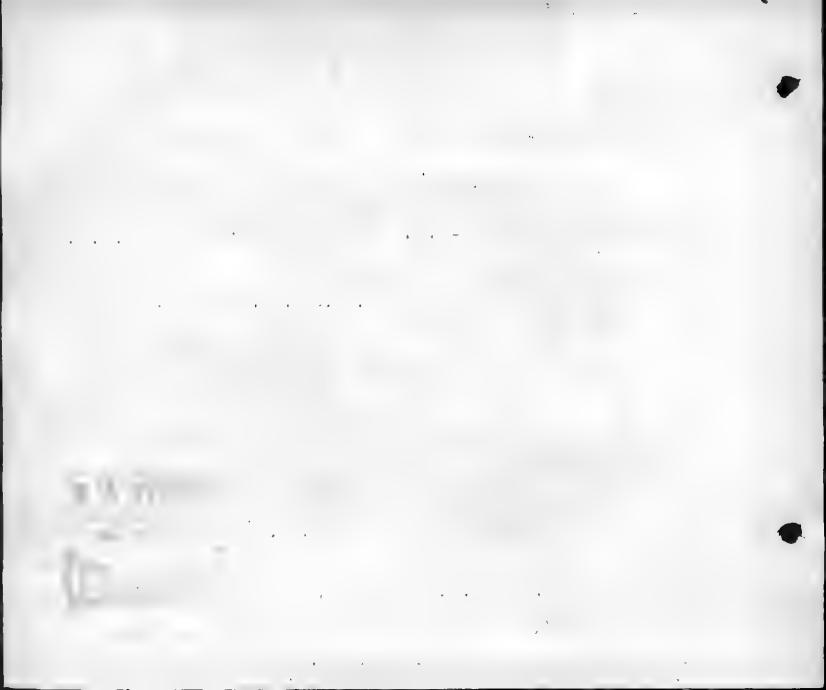
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5878medical examiner's certificate of death cremation Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE M.C.
b. COUNTY PLACE OF DEATH a. COUNTY Balto. MARYLAND Y b. CITY CICAL IP outside corporate limits, write SURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If publide corporate limits, write RURAL and give nearest town) Wood Swn Woodlawn Yrs d. STREET ADDRESS 2012 Russell A ve d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e, IS RESIDENCE ON A FARM? 2012 Russell Ave. YES TO NO IT 3. NAME OF Middle Last 4. DATE Juneonth Day 3 9 5 Ana DECEASED Anna Celeste Finnegan (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED ATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. retained 2 lost birthday) Months Days Hours Min. WIDOWED [DIVORCED 0 C 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI CITIZEN OF WHAT COUNTRY? during most of working life even if retired) puo Home pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours Pages 1, Give Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address DIO Unknown) No within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN Acute cardiac ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) olong with for buriof-tronsit DUE TO Cardiovascular disease. (hypertensive) Conditions, if ony, which pave rise to immediate cause DUE TO (a), stating the underlying coute last. pending" in iner's Office of be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES T NOTE 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lawn) (County) (State) factory, street, affice bldg., etc.) /D 00 While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [Inquiry 44, and find that ed to the Chief / death resulted fram: Natural causes In L. Accident . Suicide . Homicide , Undetermined cause **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR orworded to ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S Goo. S. M. Kieffer NAME [Type] DEPUTY MEDICAL EXAMINER TO 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTBAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Washing ton; D.C.

ADDRESS

6-26-56

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23. FUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 1
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	OR INSTITUTION	SPRING GF	OVE	STATE	HOSP.		1701 Eu	tau	Plac	16 - Ra	1 to	1. 17	M	ON A	FARM?
3	NAME OF	Fir	e)		Middle		Last		4. DATE				-		
ľ	NAME OF DECEASED (Type or print)		.nnie		moora		Frank		OF DEATH	Ju	Mantl	27	Do	*	lear 56
5	SEX					- I	DATE OF BIRTH		DEATH			IF UNDER	1 4540		9
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13.	FATHER'S NAME						14. MOTHER'S MAID							~ 9 31.0	
П	Abe 7	>					Lorrai	ne	Alego	0					
15. Ye	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECUR	RITY NO. II	7. III		110	ALDAE	, ,	Addre	122			
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	18. CAUSE OF DEAT	TH [Enter anly ane ca	use per li	ne far (a), (b),	and (c).]								INT	ERVAL BET	TWEEN
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gave rise to immediate															
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220	BURIAL, CREMATION TREMOVAL (Specify)	, 22b. DATE THEREO	F /	22c. NAME C	OF CEMETERY	Y OR	CREMATORY	2	2d. LOCA	IION (City, to	vn, or	county)	<u></u>	(State)
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23,	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		4	Place 26	REGD.	TO REGIST	RAR 245. R	EOIST	TRAR'S SIC	NATILI	zé	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5825

05860

Reg. Dist. No. 42

1. PLACE OF DEATH Baltimore	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY										
b. CITY OR TOWN (I) outside corporate simils, write RURAL C. LENGTH OF STAY IN 1	Md Barto.										
b. CITY OR TOWN (If outside corporate 'milk write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)										
Arbutus life	Arbutus										
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?										
1625 Sulphur Spring Rd.	11625 Sulphur Spring Rd. YES NO 1										
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year										
(Type or print) Mary V. Frey	DEATH June 18,56 19										
5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED											
male White WIDOWED DIVORCED	May 14,1912 4 yrs. Months Days Hours Min										
10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
Tailor Cambridge Tailo	ring Co Balto. Md. USA										
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
John Jankunas	Aneli ?										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 12	. INFORMANT Address										
	Wm. A.Frey Jr. 1665 Sulphur Spring Rd.										
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH										
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) Acute Cardiac f											
MMEDIATE CAUSE (o) ACUTE CARGIAC TRITUTE 4445A DUE TO											
Conditions, if ony, which) cHypertansive Cardi	ovascular disease										
gove rise to immediate couse											
(a), stating the underlying DUE TO											
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY										
	PERFORMED? _{II}										
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DECLARED CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of Item 18.)										
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Lines never or injery in tori to it to it to it to it.)										
	PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Slote)										
	**EACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)										
	panning Management of the Control of										
21. I certify that I took charge of the remains described a											
death resulted from: Natural causes . Accident .	uicide [], Homicide [], Undetermined cause [].										
9 M. V. 11	DATE SIGNED										
SIGNATURE LES MILES	M.D. CHIEF MEDICAL EXAMINER										
[]	ASSISTANT MEDICAL EXAMINER										
NAME (Type) Geo. S. M. Kieffer M.D.	DEPUTY MEDICAL EXAMINER June 21,56										
220. BURIAL, CREMATION, 226, DAYE THEREO	OR CREMATORY 22d. LOCATION (City, town, or country) (Signe)										
Burel 6/27//2 Loudon	Vaile Fledrick Re me										
23 FORETAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE										
Fees W Sacheneler 103 MC	Herrefforte 6-22 56 Des. J. Mr. Freefer										

VS. A15ME(5) SM 9/55

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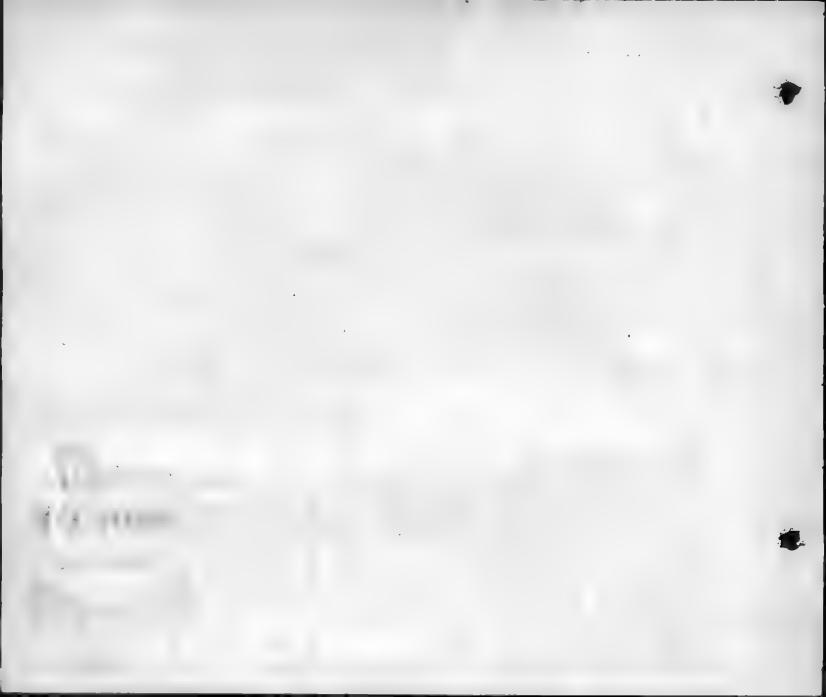
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	1	13.	FATHER'S NAME	-			14. MOTHER'S	MAIDEN	NAME				
physicion move car	1	FRED FULTON IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address											
2 Physical P	,		s, no. or unknown)	(If yes, give wor or dates of se	rvice)		TO UNKNOWN CAUSE (6 plus mo.duration) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed to the folion, street of NULLY (Group) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed to the finite of the fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed to the fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed? The fill of item 18.) BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. Was autopsy performed to the fill of item 18.)						
TES WW-LL 216-03-7700 VET. AT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART 1. DEATH WAS DATE BY: BRONCHOGENTC CAR	DI. ALKI.	וכטת	opelo E	IN CHART									
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phy phy hos b		CATION	DEGEN	ERATIVE JOI	NT DISEAS	BE, DUE TO	UNKNOWN	CAUS	E(6 plu	is mo.du	ration)		
ending ficate the bu		CERTIFI	200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture o	of injury in	Port 1 or Port 1	of ilem 18.)			
H TSIC		MEMCAL	20c. TIME OF INJUI Hour o. ft. p. m.	RY Month, Day, Yea		while to	ACE OF INJURY (clory, street, offic	(Home, farr e bldg., et	n. 20f. (City of	r town)	(County)		(State)
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Af							occurred at	_,				ON A FARM? YES NOT Doy Year 3. 19 56 AR IF UNDER 24 HRS HOURS MIN OF WHAT COUNTRY? S.A. REC. DEPT. ITERVAL BETWEEN NSET AND DEATH PLUS MO. IP. WAS AUTOPSY PERFORMED? YES NOT (Stote)	
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L Pe	- 1		SIGNATURE	all port	HALLA	MON THE	M.D	F	ort How	ard. Mar	yland	6	-23-56
retain RAL D should stror p		L	PHYSICIAN'S NAME (Type)	JOSEPH A. B.	ARONOWSKI	, M. D.							
HOSPII noy be r FUNER, kage 3 si he regist		220	REMOVAL (Specify	N. 22b. DATE THEREO		ME OF CEMETERY C		-	22d. LOCATIO	ON (City, Iown, or	county)	(Stote)
Moy b O FUN Poge		-	Burdal	June 27,	1956 Bal	timore Na							
- 1-			FUNERAL DIRECTOR			DRESS Balto.	l,Md.		1-1-	, (7)	TRAR'S SIGNATUI	The table	6.
VS A1S (4) 15M 9/55		L	narres K.	Law Mortua	A OUSOOF	Madison	AVE	DATE (10/6/3	6 TRU	Carma.	Icer	(K)

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		1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence Io. STATE Maryland b. COUNTY	before admission)
M)	53	RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Dundalk	nearest town)
	a st	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 51 Broadship	ON A FARM?
		3 NAME OF First Middle (Type or print) Joseph B GE	arrity Lost 4. DATE OF June 22 /56	Day Year
		male White WIDOWED DIVORCED	Mar 19 1889 los prindoy) Months Da	EAR IF UNDER 24 HRS
- 8	1	Foreman ret Beth Steel	Pa	N OF WHAT COUNTRY?
)	John Garrity	Anna Francein	
72 66	1	(Yes. no. or unknown) (If yes, give wor or dotes of service) 213-07-8628 fr		
nt within		PART I. DEATH WAS CAUSED BY I I I I I I I I I I I I I I I I I I	Eulent	INTERVAL BETWEEN ONSET AND DEATH
any eve		Conditions, if any, which) (b) Anthrio-Ca	edii-VAS- Rend DISEAS à	14K
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maval.	A .	3 Prostatic Hypentruphy- C	perall Der 19 VV -	PERFORMED?
in, or re		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,,,
crematic			factory, street, office bidg , etc.)	
to burial,		1.440 2-2-	th occurred at AAAM, from the causes and on the	date stated above.
0	To shape	SIGNATURE MISS DAVES	M. 6800 Moneyon lord - Jund	DATE RIGHED ME-21/13/
egistrar pr		PHYSICIAN'S M. B. DAVIS M. D. NIENERS M. D. DAVIS M. D.		
9		buriel June 25/56 Meadwo Ridg	e mem Dorsey ma	(Stote)
D X 2	,	Ullrich Funeral Home 2112 Dundalk Ave	DATE TO BY REGISTRAR LAB. RUSTRAR'S STORY	Tellys
	the registrar prior to burial, crematian, ar remaval, and in any event within 72 jours offer death.	the registrar prior to burial, crematian, ar remaval, and in any event within 72 jours of the death.	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) DITMAIL d. NAME OF NOSPITAL (If not in hospital, give street oddress) A NAME OF NOSPITAL (If not in hospital, give	DELATED AND STATE OF DEATH S. COUNTY BELLTIMOTE MARYLAND LITTLE TOWN (If outside corporate limits, write and state of the control of the c



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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W. Williams

FONERAL DIRECTOR

Ellsworth Armacost 4600 Liberty Hights

ADDRESS

REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

REGISTRAR



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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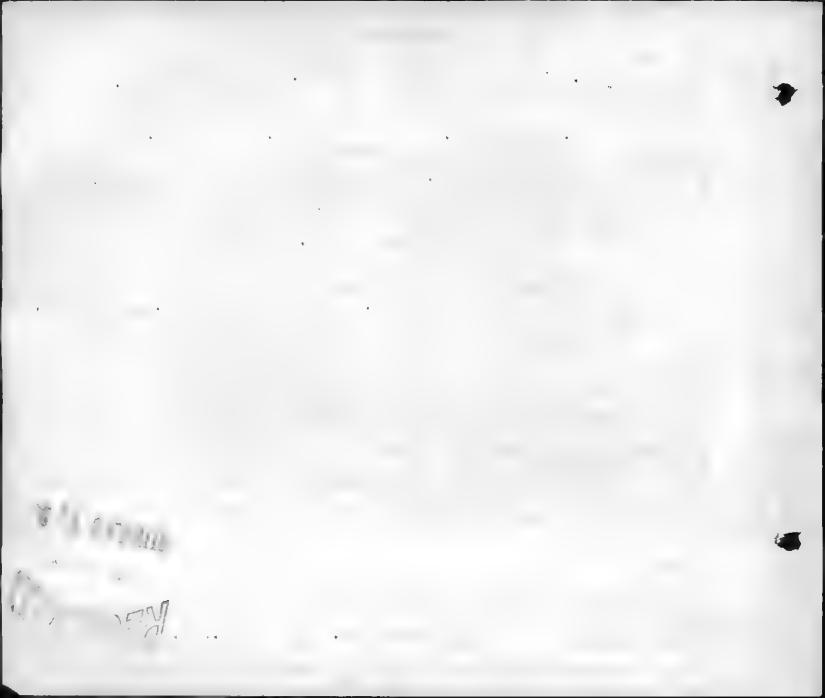
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(Stote)

DATE SIGNED

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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the The bottom copy may be retained by the hospital or attending physician.

Reg. Dist. No.....

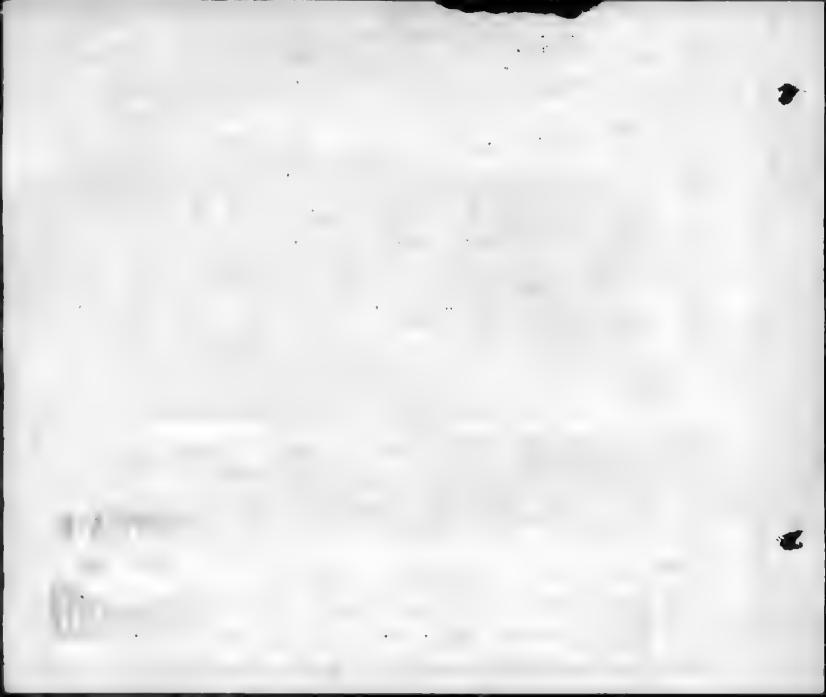
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
1	COUNTY BALT, MORE MARYLAND	STATE MC COUNTY BALT, YORE
	CITY Ill guiside corporete limits, write RURAL I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give naerest town)
	OR and give nearest town) TOWN (in this place)	OR TOWN
	MARCINORPE 13.40X143	TALE I HURPE
	HOSPITAL OR INSTITUT ON OR	STREET (Il rurel give location)
	STREET ADDRESS 0722 SECOND ANE	ADDRESS 5722 SECOND AUE
	3. NAME OF (First) (Middle)	(Lest) , DATE (Month) (Dey) (Year)
	(Type or Print) CATHERINE ANA	HA49 DEATH WUNE 1, 1956
	5. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	MEMALE white Specify widowed MAR	ch 14.1868 8 7 yrs. Months Doys Hours Min.
ı	10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
П	done during most of working life, even if OR INDUSTRY	COUNTRY?
	TOUSEWIFE JOINESTIC	MARYLAND G.S.H
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	FREDERICK SEIFERT	CAROLINE BRENDER
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 2205
1	[Yes, no, gr unk.] (iii Yes, give wer or detes of service)	
	NO NONE NONE	MRS. Thomas CANdort Christian S
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	Harris Aller	IN / I listangulanda Z
	MMEDIATE CAUSE (A)	or carguo consensor and
	ANTECEDENT CAUSE(S) DUE TO	d Graning 1
	DISEASES OR CONDITIONS, IF ANY, (8)	y overes envises
	STATING UNDERLYING CAUSE LAST. DUE TO	
	(C)	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 1170200
1	TV. DATE OF CHARACTER STATE OF C	20. AUTOPSY? YES NO T
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory,	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	
		21. HOW DID INJURY OCCUR?
	M, al work et work	Comments of the second
	22. I hereby certify that I attended the deceased from	, 19.55, to
	alive on 1997 Q.I., 1999 Q.,, and that death occurred at.	A. 30 MM, from the causes and on the date stated above.
Ė	SIGNATURE ALL	A A A A A A A A A A A A A A A A A A A
2	Travellassival M.D. 4	100/ uneus cup 6-2-56
2	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY) 6-4-56 WESTE	FRN BALTIMORE MA
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE/	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS!
	11/V 1 1050 N 1 -tm 2 11.	A DITTO
	DATE I JULY Des 7111. duffing	trage L. Schwar 2 101 Medierest

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FUNERAL DIR



		5892MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH Reg. Dist. No.
	1.	PLACE OF DEATH 6. COUNTY Baltimore MARYLA	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE [[aryland] b. COUNTY
		b. CITY OR TOWN (II outside corporate limits, write BURAL ond give nearest form) Sue Island I day	tb c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Baltimore Yacht Club	d. STREET ADDRESS 122 E. Lake Avenue on a farm? yes on o
		NAME OF DECEASED NORMAN ASHBY	HEATH JUNE 23. 1956 19
		sex 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED [WIDOWED] DIVORCED]	August 24.1910 45 yrs. Months Days Hours Min.
/ P		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INIduring most of working life, even if retired) 5. & Secty. PhotoLitho Plate Grain	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Harry Ashby Heath	Florence E. Euler
2	15. (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	
,	-		Lillian Simmons Heath (Wife) 122 E. Lak
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	1 Ocelusion District ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OTOMAN	V Vecusior
		DUE TO	
		Conditions, If any, which gove rise to immediate cause	
		(o), storing the underlying DUE TO	
	z		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY
0	ATIO		PERFORMED?
	CERTIFIC	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DICCURREN	TEnter nature of injury in Part I or Part II of Hem 18.)
	MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.)
		21. I certify that I taak charge of the remains described of	abave, held an Autopsy 🔲, Inspection 🔼, Inquiry 📿, and find that
		death resulted from: Natural causes . Accident .	Suicide 🔲, Homicide 🔲, Undetermined cause 🔲.
-21	•	ACTUAL SIGNATURE MISSIGNATURE	M.D. CHIEF MEDICAL EXAMINER
		EXAMINER'S MB. DAVIS MD.	ASSISTANT MEDICAL EXAMINER (
	220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	В		Cemetery Baltimore Co.Md.
24		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	230 REC'D'BY REGISTRAR. 1246. REGISTRAR'S SIGNATURE
Y2,	I	HERY SANDER & SONS.INC. Beltimor	
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1				MARYLA	AND S	STATE DEPARTM	ENT OF	HEALTH	I—BAL	TIMORE, 1	8 05	873	
۔ عور (M)_		5893		CERTIFICA	ATE OF	DEATH	1		Reg. Dist. No	44	
directa			LACE OF DEATH	TIMORE		MARYLAND	2. USUAL RES	MARY LA		d lived. If institute b. COUNTY	on: Residence bef	ore admission)	
1	X		FORT I	HOWARD		82 days	c. CITY OF	Baltin		prote limits, write R	URAL and give no	earest tawn)	
n by the			OR INSTITUTION VETERANS	AL (If not in hospital, give			d. STREET 28 0	ADDRESS 6 Ress	lie /	ivenue		e IS RESIDENCE ON A FARM? YES NO	
filled in ges I on			NAME OF DECEASED Type or print)	First WILL		Middle H.	_	DERSON	4. DATE OF DEATH	Mon Ju	ne 2	6 1956	
pletely rs. Pog		5. :	Male	White w	/IDOWED	DIVORCED	2/5/9	2		9. AGE (In years last birthday) OLL yrs.	Months Days	R IF UNDER 24 HRS Hours Min.	
nd com	1	10a	during most of work Roofer	N (Give kind of work doi ing life, even if retired)		of Business or Indu		PLACE (Stote o		ountry)	12. CITIZEN	• A •	
arbo Siter		13.	FATHER'S NAME				14. MOTHER	'S MAIDEN N	AME				
sicio ve o		_	Peter He					mes Go	edwir				
ing physicione remove con 72 hours of	1	15. (Yes		R IN U. S. ARMED FORCE	co)		lin.Rec	.,Vet.	Adm. F	Adda Ospital,		ard, Md.	
ttendin ptease				TH [Enter anly one cause							IN	TERVAL BETWEEN	
0 = 1			1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: METASTIC CARCINOMA PRIMARY SITE UNKNOWN MONTHS										
	1		117.1	DUE TO									
and and			Conditions, if at gove rise to in cause (a), stating the lying cause tost.	he under-									
ahysicion. Shysicion. Shysicion. Shown si	U	ICATION		ER SIGNIFICANT CONDIT	IONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO A	
ending Ficote hari		CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 1 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCR	IBE HOW INJURY OCCURRE). (Enter noture	of injury in P	ort I ar Pai	t II of ilem 18.)	<u></u> .	100 100	
of or off his certification, smotion,		MEDICAL	20c. TIME OF INJURY Hour e. g., p. m.	Y Month, Day, Year 19	20d. INJ While at work [Not while too	CE OF INJURY fory, street, offi	I'Home, farm, ce bldg , etc.]	20f. (Cir	or town)	{County) {Stote}	
Spite Spite			21. I certify th	at VAttended the d	eceased	fram. April 5	1996	to:Tun	e 26.	1956	MACOGRE	3010000000	
eloche burio			CHARGOS			and that death		7:70P	M, fra		nd on the do		
AL OK AL Stoined by AL DIRECT lould be d	/		ACTUAL SIGNATURE PHYSICIAN'S	He/Ka	mal	Amo -	A.D. ,	VAH.	FORT	HOWARD, 1	ARYLAND	6/26/56	
SFIIAL be relo WERAL I 3 shoul			NAME (Type)	OWARD C. KR.									
may by Dage 2			REMOVAL (Specify)		56	22c. NAME OF CEMETERY OF DELLAS Comet				TION (City, town, o	r county)	(State)	
		23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240, REC'D	BY REGIS	TRAR 245. REGIS	TRAR'S SIGNATU	IRE A	
VS A15 (4) 15M 9/55				Puck Funer				DATE	4.29,	1906 Das	wond d	· Farters	
		1	Jarford Ro	ad & Echoda	le Av	e. Baltimore	. Md.	0	,				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

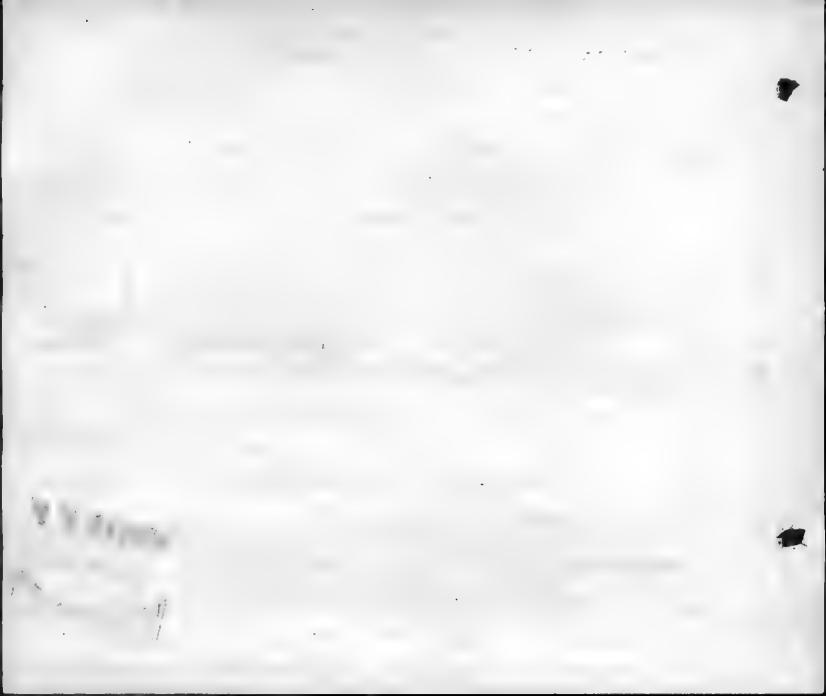


5819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND beriol, CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) favor lastose svig bno 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF DATE DECEASED OF DEATH (Type or print) 19 for 5. SEX 9. AGE (in years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. retained t Months Days WIDOWED [DIVORCED | yn. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) 11.5 00 05 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH | Enter only one cause per lifte for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) olong with for burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY SD PERFORMED? NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.) Not while (of work of work Dalran 21. I certify that I toak charge af the remains described above, held an Autapsy ... Inspection 14. Inquiry I and find that death resulted from: Natural causes Accident M. Suicide Hamicide , Undetermined cause to the Control DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL 1 ASSISTANT MEDICAL EXAMINER [**EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER FO 27q. BURIAL CREMATION, 1226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State 0 23. FUNERAL DIRECTORS SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS ATSMEIST DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5896 CERTIFICATE OF DEATH	730
Page 4	Reg. Dist. No. PLACE OF DEATH o. COUNTY MARYLAND PAGE OF DEATH o. STATE D. COUNTY MARYLAND Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased fived if institution: Residence before adm b. COUNTY 30.1 to	ission)
TO THE PARTY OF TH	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to RURAL and give nearest form) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	wn]
rs offer o	OKINSTITUTION - UE 2n danda's Arra ON	ESIDENCE A FARM?
24 hour	NAME OF First Middle Lost 4. DATE Month Day OF OF DECEASED Nancy A. Hill DEATH June 25	Year 1950
within etely fill Page	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years If UNDER I YEAR IF UN	IDER 24 HRS.
comple papers.	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHI	AT COUNTRY
and and er de	Home Includ U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
g physician remove car	William J. Hill Ellen Bell S. WAS DECFASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
death ce trending please r vithin 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [VAS CAUSED BY	BETWEEN
n. n. signed by the ob if permit. Then f d in ony event w	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Core or a Vascular fice dent Conditions, if ony, which gave rise to immediate codes (a), stating the under- lying couse last. DUE TO (c) (c)	cars
physicia physicia as been iol-trans toval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAY PER YES	S AUTOPSY FORMED?
IAN: Ti ending ficote h the bur or rem	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	
PHYSIC al or oth his certi r use as emotian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While of wark o	(State)
oned by 12 capital property of the property of the property of the prior to burief, or prior to burief, or prior to burief, or prior to burief.	21. I certify, that I attended the deceased from Tuble 15, 1956, to supe 25, 1956, that I last saw the alive of Supe 25, 1956, and that death occurred at Gill AM, from the causes and on the date sto ADDRESS (Street, city or town, state) ACTUAL SIGNATURE SIGNATURE M.D. 1945 (U. Ballo, St., 6-26	e deceased ited above DATE SIGNED
PITAL O	PHYSICIAN'S James R. Grabill, M.D. 1945 W. Balta, St. Naryla	nd.
O HOSI	Purial 6-27-56 Count Olivet Cem. Dolto.	ate)
V5 A1S (4) 1SM 9/S5	Set log Terror Home - Castors relie find greene 27,1956 21 & Herry	



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1	7	L	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05880
3 6		56	COMEDICAL EXAMINER'S CERTIFICATE OF DEATH	list. No. 43
or or		1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Resid	ence before admission)
5	1 .	Ľ	6. COUNTY Baltinore MARYLAND O. STATE AID 6. COUNTY BE	11+0
<u> </u>	A.	1	b. CITY OR TOWN (If outside corporate limits, write RURAL on and give negrets form)	d give nearest town)
resson Tabur	V		Raspeburg Life Raspeburg	
ctor or t	1.	1	d. NAME OF HOSPWAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
dire.			5511 Mc Cornick Are 15511, Mc Cornick AV.	YES NO P
ar a			NAME OF First Middle Lost 4. DATE Month DECEASED	Day Year
une die			(Type or print) LOUIS HOKSI DEATH 6	25 1956
F for F		5. 5	last familiary Months	Days Hours Min.
F. 5. F.			MARIE INLA + 0 WIDOWED DIVORCED APRIL / 13.1865 ES yra	
2 d d d d d d d d d		100	3. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CI1 during most of working life, even if retired)	TIZEN OF WHAT COUNTRY?
be and			1945 Driver Balto Co and U	17.0
7. 2 m		13.	FATHER'S NAME	
5 v 0		100	LOWIS HOTST, ST. CATOLING WOYLING WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Poge .	# 1×		n. no, or unknown) (If yes, give wor or dotes of service)	4
G S S		⊨	No 1220-14-6197 Charlotte E Horst, 551/ME	BYMICKHY
0 % € E			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: C P () C H C () C H C ()	INTERVAL BETWEEN ONSET AND DEATH
E E E			PART I. DEATH WAS CAUSED BY: CRUSHED CHEST	
exe The Philip	4		DUE TO	
			Conditions, if any, which	
long Jones			(o), stating the underlying DUE TO	
5 5 5 5		7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	THE WAS AUTORS
		TION	PART II, OTHER SIGNIFICANT CONTINUES CONTINUES TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION STRENT IN TAIL	PERFORMED?
in the second		S	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	YES NO 🗆
e in section of the s		ERT	PRIMARY Dor CONTRIBUTING D Tractor fell on deceased	
E SE		¥.		ounty) (Stole)
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		MEDICA	Hour o, m, White Not while factory, street, office bldg , etc.)	
t edi		2		_
4 6 5 5 4 6 5 5 4 6 5 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6				ry, and find that
P C P			death resulted from: Natural causes], Accident N. Suicide [], Homicide [], Undetermined cause [3 ·
The cate			ACTUAL MARCH THE ACTUAL CHIEF MEDICAL EXAMINER [7]	DATE SIGNED
			SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X	/
DEPUTY of the converged FUNERA removo			EXAMINER'S PAUL F. GUERIN DEPUTY MEDICAL EXAMINER 6	-24-56
T S S S S S S S S S S S S S S S S S S S		220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county)	(Stote)
5 . 5 .			Burial 726/56 Lien Lutheran. 13al	to ud
V\$. A15ME(5)		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SI	GNATURE
5M 9/55	137	Z	ass olm Funeral Home 740/ Below R& DATE Meelled	· Keefaneder

			RYLAND 5900	STATE DEPARTA		NT OF HEALTH TE OF DEATH		MORE, 1	()	5881	34
		PLACE OF DEATH D. COUNTY Baltimore		MARYLAND	- 11	2. USUAL RESIDENCE (Who o. STATE	ere deceased (ived. If institution b. COUNTY	Reg. Dist. n: Residence Baltin	before odmis	sion)
		CITY OR TOWN (If outside corporo's RURAL and give gearest town)	9	c. LENGTH OF STAY IN 16 lyr5mos2lday			utside corpore timore	le limits, write RL	JRAL ond giv	e nearest fow	n)
. 7		or Institution 1 ng Grov	iial, give street 7e State	oddress) Hospital		d. STREET ADDRESS	ueen Ar	nne Road		e. IS RES	FARM?
		NAME OF DECEASED Type or print) James	First	Middle C •		utchinson	4. DATE OF DEATH	June 2		/	Year 19 56
		lale White	WIDOWI			4-1-1894?		AGE (In years last birthday) 62 yrs.		YEAR IF UND	ER 24 HRS Min.
- 1		USUAL OCCUPATION (Give kind of during most of working life, even if a	elired)	kind of business or ind Butter $-E$ fo		Unte	nown M		12 CITIZ	USA	COUNTR
)		FATHER'S NAME Thomas Hutc						Wizland			
1	15. (Ye	WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16.	SOCIAL SECURITY NO. 17	INF	ormant Records Spi	ring Gr	Address ove Stat		pital	
		18. CAUSE OF DEATH [Enter only of PART 1. DEATH WAS CAUSED IMMEDIATE CAU	one couse per li DBY ₁ USE (o)	•	arc	ial infarct				INTERVAL BE	
		Conditions, if any, which)	(b) UE TO			otic coronary		uction			
2	CATION	PART II. OTHER SIGNIFICANT				Arterioselene OT RELATED TO THE TERMIN		CONDITION GIVE	N IN PART 1	PERFO	AUTOPSY ORMED?
	CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH NER) 20b. DES	CRIBE HOW INJURY OCCURE	RED	(Enler nature of injury in P	art I or Part II	of item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Day Hour a. jr. p. m.	While	NJURY OCCURRED 20e. If k of work	PLACI	E OF INJURY (Home, form, ry, street, affice bldg., etc.	20f. (City of	town)	(Cou	uniy]	(State
		21. I certify that I attended alive on 6-19-	the decease			ccurred at 1:454		the causes a	nd on the		ed abov
		ACTUAL SIGNATURE STELLE	Wu	chelir	M.I			et, city or lown, s tate Hos	-		ATE SIGN
		PHYSICIAN'S Stella Wa				Catoney					
	L	BURIAL, CREMATION, 226. DATE TO	2-56	22c. NAME OF CEMETERY	OF C	REMATORY	22d LOCATIO	n (City, town, or	county)	(State	Z
-	23.	FUNERAL DIRECTOR'S SIGNATURE	R Home	ADDRESS Catonwell	4	Mel DATE	by registra 5 195	R 24b. REGIST	RAR SIGN	arry_	
										110	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 59')1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY D. STATE MICE b. COUNTY Baltimere Baltimere MARYLAND b. CITY OR TOWN (If outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! Westowne Westewne 40 yrs. ٩ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Westowne Place 138 Westewne Flace registror NAME OF Middle DATE 1, 2, and 3 to the funeral may be retained for your es 1 and 2 with the registro DECEASED Jeschke (Type or print) Anna DEATH June 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Oct. 20,1877 White Remale WIDOWED [DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during meet of working life, even if ratired) Own Home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 24 hours or Give Pages 1, 2 M3. Page 5 may Unknown ----Meeller poges IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service 8. Give PM3. Po Curt A.H. Jeschke, Sen, 138 Westowne Place permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: alang with form buriol-transit per Acute cardiac failure MAMEDIATE CAUSE (o) 4.06.1 **DUE TO** Canditions, If ony, which Cardiovascular disease pencil gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. 'pending' in liner's Office be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bidg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection R. to the Chief death resulted from: Natural causes Suicide , Homicide , Undetermined cause Accident . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE cute the cert forworded to 5 FUNERAL 1 ASSISTANT MEDICAL EXAMINER Geo. S.M. Kieffer M. DEPUTY MEDICAL EXAMINER IN NAME (Type) 220. BURIAL, CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county)

Loudon Park Trematory

ADDRESS

Edmondson Ave.

Reg. Dist. No.

e. IS RESIDENCE

YES NO TH

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO IT

DATE SIGNED

June 21.56

(Stole)

20, 1956

U.S.A.

(County)

Inquiry ,

24b. REGISTRARS SIGNATURE

altimore

24m.RECID BYPREDISTRAR -

Months

VS. A15ME(5) 5M 9/55



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

5992

2411 N. Charles Street, Baltimore

CERTIFICAT	E OF DEATH	
Item 8.FilmG199 6-22-56 et	E OF DEATH	Reg. Dist. No
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DEC	EASED COUNTY
CITY (If outside corpored limits, write RURAL and LENGTH OF STAY OR give near st town) (In this pikee)	CITY (If outside corporate limits, write FOR TOWN	URAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		ive location)
3. NAME OF DECEASED (Type or Print) (Type or Print)	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)
6. COLOR OR RACE TO SELECTION MARRIED, WIDOWS DIVORCED, (Specify)	8. DATE OF BIRTH, 2. AC E last blr.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRE OMESTIC	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
18. FATHER'S NAME Crickela D Se OF	14. MOTHERS MAIDEN NAME	lawick !
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (11 yes, give war or dates of service)	17. INFORMANT OND ADDRESS	Lus Russell Mi
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, , ,	ONEET AND DEATS
Immediate cause (a) Crel	-ralapoplyy	1day -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	mint attered Sel	Ecrosis unhanous
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
		Yes D No D
21. ACCIDENT (Specify) PHACE (flome, farte, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Lay) Year) (Hour) INJURY OCCUPATED OF INJURY ro Work A work	HOW DID INJURY OCCUR?	
22. I hereby certify that Lattended the deceased from MO USA	141 1 to fine , 1956,	hat Nast saw the deceased
alive on 1950 and that death occurred at (Degree or title)	ADDRESS Trom the causes and on	the date stated above.
23. BURIAL CREMATION DATE THEREOF NAME OF CENTETE REMOVAL (Specify)	7 Millary (LOCATION CHY	to 22 millions, town, or country (State)
Much much 1 100 services	p VI. Cha	el, mili
DATE REC'D BY LOCAL TREGISTRAR'S SIGNATURE REG.	THERA DESCRIPTION	VIII CO



1			MARYLAND	STATE DEPARTM	ENT OF HEALTH	I-BALTIMORE, 1	8 058	384			
			5993	CERTIFICA	ATE OF DEATH	1	Reg. Dist, I	11.1			
do with	1.	PLACE OF DEATH S. COUNTY Baltir	more	MARYLAND	2 USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived if institution b. COUNTY	on Residence b	efore admission)			
d be		RURAL and give neare	otside corporote limits, write st town) Howard	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carparote limits, write RI	URAL and give	nearest tawn)			
S. S		OR INSTITUTION	(If not in hospitol, give street dministration		d. STREET ADDRESS	Lexington Stre	eet	# IS RESIDENCE ON A FARM? YES NO M			
illed in		NAME OF DECEASED Type or print)	JOSEPH	Middle W •	JONES Lost	4. DATE Mont	th	25 19 56			
s. Pag	5. 5		Color or RACE 7. MAR	RIED NEVER MARRIED 🔼	B. DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Day	AR IF UNDER 24 HRS Hours Min			
and camp oan paper ir death.	100	USUAL OCCUPATION (during most of working Laborer	(Give kind of work done life, even if retired)	. KIND OF SUSINGS OR INDU	STRY 11. BIRTHPLACE (State Norfolk, V			S. A.			
e carba s after	13.	Joseph Jone	95		14. MOTHER'S MAIDEN N						
ng phys 72 haw	1 <u>S</u> (Y+	, no. or unknown) (If ye	as more war or elector of consistant		nformant Lin.Rec.,Vet.	dm. Hospital, F		d,Md.			
aftendi n pleas 1 within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE 3 I									
anit. The		Conditions, if any,	which) (b)	SENTIAL VASCUL	AR HYPERTENSIC	N		1 YEAR			
Sir permi		gave rise to imm- cause (a), stating the lying cause last.	ediate (
ial-fron	CERTIFICATION		SIGNIFICANT CONDITIONS	CULAR DISEASE	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES IN NO			
ficate H		200 ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	INDERLYING (1) CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in I	Part I or Part II of item 18.)					
his certifuse as ematian	MEDICAL	20c. TIME OF INJURY Hour o. fs. p. m. TT	19 While		ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	20f. (City or town)	(Coun	ty) (State)			
ched far urial, cr				sed fram June 22	, 19 <u>56, to J1</u> accurred at 8:50	DM. from the causes of	nd on the	coexioniamond			
be deto		ACTUAL SIGNATURE	wing 7			ADDRESS (Street, city or town, HOWARD, MARY)	stole)	DATE SIGNED 6/26/56			
SAL DIS should strar pri			rving Freeman				****				
Poge 3 s	220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 6/29/56	Baltimore Nat	r CREMATORY	22d. LOCATION (City, town, o	r county)	(Stale)			
A15 (4)	23.	FUNERAL DIRECTOR'S SI	IGNATURE	ADDRESS	240. REC*		HAR'S SIGNA				
1,	Ch	arles Law Mo	ortuary 802-0	Madison Ave.							

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 115885 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Mary and Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) 60 Years Middle River Middle River d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? 901 Bengies Road 901 Bengies Road YES INO IX 4. DATE OF DEATH NAME OF DECEASED Middle Month First Last Day Year WATSON H. JONES (Type or print) June 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH 9. AGE (In years 5. SEX 10st birthdoy) 72 yrs Months Davs Hours DIVORCED | Dec.20.1883 Male White WIDOWED [popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Bank Virginia U.S.A. Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Jones Nannie Cotrell 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No. Mrs. Annie Jones 901 Bengies Road. ending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Reliatio Cirles- Vancular Hereine PART I. DEATH WAS CAUSED BY: Ound. IMMEDIATE CAUSE (a) 2011 DUE TO ģ permit. Conditions, if ony, which te has been signed burial-transit permi gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY removal PERFORMED? YES IN NO DR 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) o. n. White Not while of work of work p. m. 1950 , la fune. .. 1956 that I last saw the deceased 21. I certify that I attended the deceased from. detached for 19.36..., and that death accurred at 4400AtM, from the causes and an the date stated above. o FUNERAL DIRECTOR page 3 should be deter ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BILT LAL Oak Lawn Cemetery June 30 1956 Colgate, Md. 0 23, FUNERAL DIRECTOR'S SIGNATURE, **ADDRESS** 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURÉ Ullr ch Funeral Home 2112 Dundalk Ave.

The second secon

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AL OR ATTENDING PHYSICIAN: The low requires that the death certifitained by the hospital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physial be detached for use as the burial-transit permit. Then please

4

us after compage 4

gove rise to immediate couse (a), stating the underlying couse tast.

20c. TIME OF INJURY Month.

21. I certify that wattended the deceased from June 27

FICATION

of work at work

to June 29

1 6 9 9,6 8 6 3 70,7 9 7 6 7 6 4

attribution of the cause and on the date stated above at 1:55 am, from the causes and on the date stated above ACTUAL SIGNATURE

FORT HOWARD, MARYLAND

6-29-56

DATE SIGNED

PHYSICIAN'S NAME (Type)

GEORGE LERNER

M.D. 22 THE PIME PER OR CREMATORY FORT HOWARD, MARYLAND

ADDRESS (Street, city or town, state)

(Stote)

REMOVAL (Specify) RURTAT.

220. BURIAL, CREMATION, 226. DATE THEREOF

NATIONAL

22d LOCATION (City, town, or county) BALTIMORE.

MARYLAND 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

HARFORD RD

11

5. SEX

VIDS

DATE

	PLACE OF DEATH a. COUNTY				-	2. USUAL RESIDENCE (M				ce before a	idmission)		
	BALT	MORE		MARYL	AND	o. State Maryl	and	b. COUNT	Balt	dimore	3		
b	o. CITY OR TOWN (If and give negrest town)	outside corporate fimilis, write	RURAL	c. LENGTH OF STAY IN	c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)								
	Sparrow	Point. Md			Baltimore	:		1	,				
d	E. NAME OF HOSPITA	LE OR INSTITUTION (II	not in h	iospitat, give street address)	d. STREET ADDRESS					S RESIDENCE			
	Bethlehem	Steel Co.	Disp	ensary		232 S. Ma	diera	St.			□ NO 🗔		
3.	NAME OF DECEASED	Fare		Middle		Last	4. DATE	Mont	h	Day	Year		
	(Type or print)	Phili	p	W.		Jordan	OF DEATH	6		6	1956		
5. s	iex .	6. COLOR OR RACE	7. MAR	RIED TO NEVER MARRIED	B. 1	ATE OF BIRTH		9. AGE (In years	IFUNDER 1	YEAR IF U	NDER 24 HRS.		
	Male	White	WIDOW	/ED DIVORCED		pril 23, 19	03	53 yrs.	Months D	lays Hou	rs Min.		
10a	USUAL OCCUPATIO	N Give kind of work d	one 105	. KIND OF BUSINESS OR IN	OUSTR	11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZI	EN OF WH	AT COUNTRY		
đ	Pile Dri	life, even if retired)		Oock Builder		Baltimore				U.S.A	A .		
13.	FATHER'S NAME				· T	4. MOTHER'S MAIDEN N	IAME		1				
		Charles J	orde	n		Elizab	eth T	racy					
		R IN U. S. ARMED FOR	CES7 1	6. SOCIAL SECURITY NO.	17. INF	DEMANT		Address					
(Yes,	, ne, or unknown)	(If yes, give war or dates of a	ervice)	286-01-2633	Mrs	Madeline	Tordan		. Made	ria S	treet.		
-	10 CANE OF DEAT	H [Estar anly and coun	a par la			21000011010	702 4432		• 110000				
		B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Multiple compound fractures of head, chest, arms.											
		MMEDIATE CAUSE (o)	-		una	ractures o	I nead	i, chest,	arms,				
	\$	DUE TO	Te	gs.									
	Conditions, if any, which to immediate cause												
	(a), stating the underlying DUE TO												
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY												
S	PART II. OTH	ER SIGNIFICANT COND	ITIONS !	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PART		AS AUTOPSY REORMED?		
3										YES [
CERTIFICATION	20g EXTERNAL CAU	SE WAS 206	. DESCR	BE HOW INJURY OCCURR	ED (Ent	or nature of injury in Part	For Port II	of item 1B)					
	CAUSE OF DEATH.	C	augh	t under pile	dri	ver.							
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year		. INJURY OCCURRED 20e	PLACE	OF INJURY (Home, form,	20f. (City	or town)	(Count	ty)	(Stote)		
MED	12:10 p.m.	6-6 19!	56 \\\			& G. St. Sp.		ໂກສາາການເຂ	Point	Pol+	Mal		
	12:40 p.m. 19 90 of work of work 4th & C St. Sp. Pt. Sparrows Point, Balt. Md.												
							_			LA, GII	o mio mo		
	death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [].												
	ACTUAL	11/0)	X-	TI . M.		CHIEF MEDICAL EX	AMINED [DAT	TE SIGHED		
	SIGNATURE	100.		UN IS		M.D. CHIEF MEDICAL EX	-	· [7]	(./	1			
	EXAMINER'S					DEPUTY MEDICAL E		* L.J	67	01.1	7-		
220		B. Davis	M.D	In hitte of courtes	V AD C					/4	6		
_	REMOVAL (Specify)			22c. NAME OF CEMETER		REMAI UKT		ION (City, town,	or county)	(S	itole)		
	rial		<u> 1956</u>	Oak Law	m	101 222		timore					
	FUNERAL DIRECTOR'S		.02				BY REGIST	RAR 246. REGI	STRAR'S SIGN	()	19 1		
تبا	illy & Zei	ter inc., l	102	S. Wolfe Stre	195	DATE	1	1/2	invos	V J. 5	tasters		

TO DEPUTY MEDICAL THAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, and the ward "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pathould be farwarded to the Child Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a build-transit permit. File pages Lead 2 with the registrar prior to build, foremation, ar remaval. VS. A1SME(S) 5M 9/55



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VS A15 (4) 15M 9/55 [è]

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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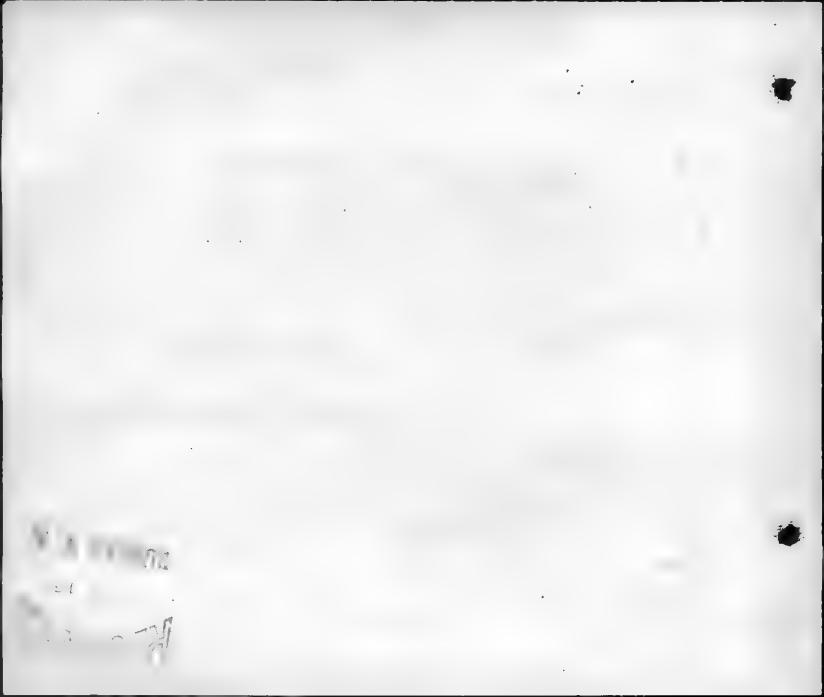
CERTIFICATE OF DEATH

Reg. Dist. No. 20

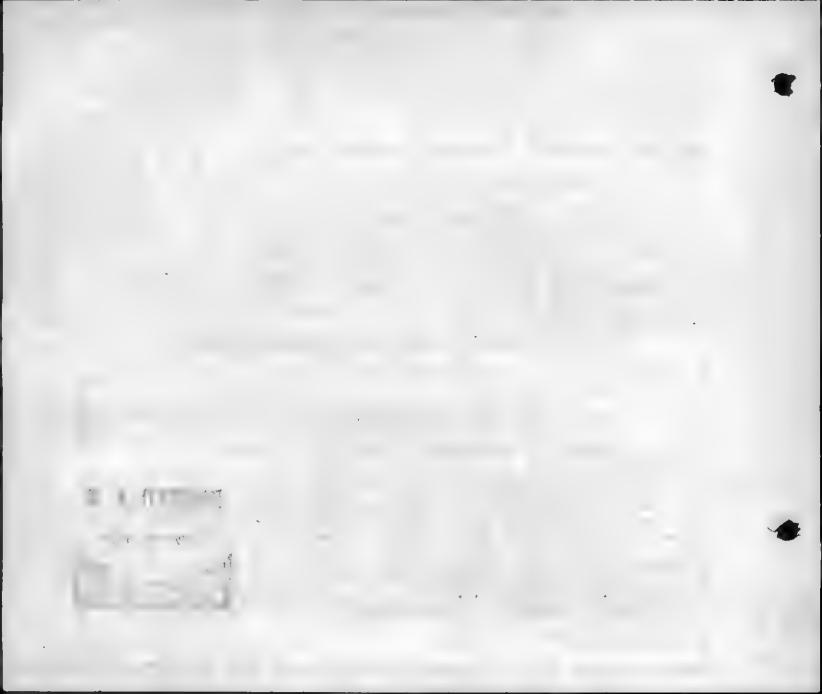
<u> </u>										114 g. D.	721, 110,	00	
1,	PLACE OF DEATH	to.		MARY	LAND	2. USUAL RESIDENCE o. STATE	(When	e deceased	lived. If institution b. COUNTY	on: Resider	Bal		sion)
1		outside corporale fimi	ite write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		id- an-no-	-t- ti-th- weith Di	LIBAL and			m)
	RURAL ond give ne	onsville	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. LENOITI OF SIAT	114 10	C. CHI OK IOWIN		onsvi		UKAL GNG	give nec	nest 10%	ui
	d. NAME OF HOSPIT	AL (If not in hospital, ç	jive street	oddress)		d. STREET ADDRES	ss					e. IS RE	SIDENCE A FARM?
L		15 Del ray	Ave.	•		1	107	N. Sy	mington	Ave.] NO []
3.	NAME OF DECEASED	Fii	st	Middle		Lost	4	L DATE	Mon	lh	Do	iγ	Year
L	(Type or print)	BARBARA			K	ELLOUGH		OF DEATH	Jun	le	. 1	9.	19 56
5.	SEX	6 COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			9. AGE (In years lost birthday)			_	ER 24 HRS.
	female	white	WIDOW	ED DIVORCE	□□□	Nov. 14, 1	.863		92 yrs.	Months	Days	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS C	R INDU	TRY 11. BIRTHPLACE (S	Stole or	foreign co	unity)	12. CI	TIZEN O	E WHAT	COUNTRY
W	10m 1 0 00	Housewife	'	at hom	æ	Md.							
13	FATHER'S NAME					14. MOTHER'S MAID	EN NA	ME					
П	Samuel E	ohden					В	arbar	a.				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO), 17. H	NFORMANT		<u> </u>	Addr	·e13			-
Ľ	no	If yes, give wor or dates of s	arvice)	no		Mr. C. Kell	loug	h - 5	466 Addi	ng tor	a Rd		
Г	18. CAUSE OF DEA	TH [Enter only one co	ouse per i	ne for (o), (b), and (c).]	C - 1							ETWEEN
L	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	الم الم	orone	rh .	ONSET AND DEATH					DEATH		
	Havil	DUE TO		. / /	-	4							
	Conditions, if or	iy, which	. 1	Dent	eve	elon					-1	"L'M	ر
П	gove rise to in	nmediate (1/ .	othe.	/ -						1 121	
L	tying couse tost.	he under-	, a	rteno	4	e 4 ross)				1	~ vy.	
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	ERMINA	AL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
S S													NO 🗍
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DE	SCRIBE HOW INJURY O	CCURRE). (Enter nature of injur)	y in Por	rt I or Port	II of item 18.]				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m.	Y Month, Day, Ye	or 20d While of wo			ACE OF INJURY (Home, tory, street, office bldg.		20f. (City	or lown)	t'	County)		(Stote)
1		at I attended the				1040 1	314	44.1-	17, 19 V	Salana 1	lest c	AL.	door
			10	, _ ,			15						
	alive an			and that	aeam	occurred at 24			i the causes a reet, city or town,		he do		ed abave
L	ACTUAL SIGNATURE	mon	due Se	i ToW-		w.D. /// P			we a	siure)		<i>U</i>	ATE SIGNED
	PHYSICIAN'S NAME (Type)	Weth	2 Y	Dec.	1-	0 +1							
22	. BURIAL CREMATIO	N. 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY O	R CREMATORY	2	2d LOCAT	ION (City, town, o	ar county)		(Sto	te)
	REMOVAL (Specify) Burial	6/22/50	5	Balto.	Cem			В	alto. M	d		·	
23	FUNERAL DIRECTOR	SIGNATURE	ur	ADDRESS	· Ba	74 71 PATE	REC'D	PY REGISTI		STRAR'S SI	GNATU	No.C.	
	1	7777			100	- PULITAIN	-		7000	NY		1 M. I.	11/

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05890
			· 5909 CERTIFICATE OF DEATH
Page 4	_	1.	PLACE OF DEATH O. COUNTY Balture MARYLAND 2. USUAL RESIDENCE (Where declased lived). If institution: Residence before admission) O. STATEM PLUFFELLER O. STATEM PLUFFELLER O. STATEM PLUFFELLER O. COUNTY O. COUNTY O. STATEM PLUFFELLER O. COUNTY O. COUNTY
funer funer		7.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest towns C. LENGTH OF STAY IN 1b C. CITY OR TOWN III builded corporate limits, write RURAL and give nearest towns
by the		1,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. 15 RESIDENCE ON A FARM? YES NO
in 24 ha filled in ges 3 ar			NAME OF DECEASED TO SEPH - W-KESSLER 4. DATE OF DEATH Juckel 18 1916
d with		5. 3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED JULY 3-1874 82 yrs. Months Days Hours Min.
execute nd camp on pape death.	1	10a	USUAL OCCUPATION (Give kind of work done 10b XIND OF BUSINESS OR INDUSTRY? Of Working life even if retired) Of WHAT COUNTRY? OF WHAT COUNTRY?
ician a e carbo	*)	13.	Ketter Kessler Katheme Menguan
ng physici e remave 72 haurs			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lino, or unknown) (If your stay oper or of these of service) U.D. Mr Melivin Keyler - Bretles Wel
death ittendi pleas within			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterio—Sclerotic Cardio Vascular Disease 8 years
at the carthen Then event			IMMEDIATE CAUSE (o) Arterio-Sclerotic Cardio Vascular Disease 8 years DUE TO 8
ed by rmit.			Conditions, if any, which (b) gove rise to immediate DUE TO
on. n sign sit pe			lying couse lost. (c)
he taw physici has beer rial-tran		CATION	PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO NO
IAN: T ending ficole f ficole but the but		CERTIF	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSIC Ial or all this certifuse as the control of the certifuse as the certifuse of the ce		MEDICAL	20c. TIME OF INJURY Month, Day, Year Month, Day, Year Add. INJURY OCCURRED Hour o. st. 19 While of work of wor
pinopinopinopinopinopinopinopinopinopino			21. I certify that I attended the deceased from July 1951, to June 18, 1956, that I last saw the deceased give on June 18, 1956, and that death occurred at 10,8, M from the cause and on the date stated shows
Y th TOR: detack			ADDRESS (Street, city or town, stote) DATE SIGNED
OX A ined b	*		SIGNATURE M.C. Sandr Kelling. Hampoteur mg 6/856
TAL reto AL hou			PHYSICIAN'S M.C.Porterfield, M.D. Hampstead, Md
O HOSPI may be o FUNER page 3 s		L	BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY. 22d. LOCATION (City, lown, or county) (Sloje)
VS A15 (4) 15M 9/55	A34 1	200	Lee Eliston, Herrister Med Date (-17-56 Paris Signature 3. Sleer



1.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05891
8 8	5910 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
cremati	1. PLACE OF DEATH o. COUNTY Bullo. MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Bullo.
Perriot.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give nearest foun) The state of the
lirector. les. prior to	d. NAME OF HOSPITAL OPINSTITUTION (If not in hospital, give street oddress) Decroportia Rd. d. STREET ADDRESS ON A FARM? YES NO
yaur fi	3. NAME OF DECEASED (Type or print) SYBLE C. KIBLER DEATH June 19 1956
the form	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEMALE WIDOWED DIVORCED C. 1, 23 1902 IF UNDER 14 AN Months Days Hours Min.
and 3 to 2 will	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Summers Granery 7/15 (1)
s 1. 2, and the last last last last last last last last	13. FATHER'S NAME Warren Comer Josephine Ermer
File poe	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATION Address (If you give wor or dates of service) 2/7-14-25419 Elaine Kibler - Swings mills
m 18. Gi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CATANATA ACCURATION 12 LATA
vith for	Conditions, if ony, which) 6
n penci	gove rise to immediate cause (o), stating the underlying cause last. (c)
Office os os os	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO ME
nad 'pen	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
the working is a share	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. 20f. (City or town) (County) (State) While Not while of work of work of work
DR: Pog	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
o the Cl	ACTUAL D. D. CARPLES M.D. CHIEF MEDICAL EXAMINER D
the certification of the certi	EXAMINER'S D.D. CAPLES ASSISTANT MEDICAL EXAMINER G-19-56 DEPUTY MEDICAL EXAMINER G-19-56
forw forw or r	220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, JOCATION (City, town, or county) (Store) REMOVAL (Specify) 2/21/22/256 Comercy Cemetery On Chinan doan Viroinia.
S. A15ME(5) 5M 9/55	23. JUNESAL DIRECTOR'S SIGNADURE ADDRESS ADDRESS PACOTE HOLLOWN Par DATE 6/21/32 Chester & SIGNATURE)

W Offin

7	E S
	caref
TARGIN RESERVED FOIR BINDING	SPLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible
ESERV	INK.
MARGIN R	NFADING Physicians:
	WITH UNF
	PLAINLY, s especially in
	WRITE
1	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Paltimore MARYLAND	STATE ALDIA Maryland COUNTY 111111.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
Y TOWN (Place And Bult 26 (in this place)	TOWN saltimore
HOSPITAL OR	GTP FPT (If mine give leasting)
STREET ADDRESS	ADDRESS 131 S. Soches for Floors
3. NAME OF (First) (Middle)	
DECEASED /	OF 1
(Type or Print) 05 8 7 7 5. SEX 16. COLOR OR RACE 17. SINGLE (MARRIED)	18. DATE OF BIRTH 19. AGE last birthday I II under I year III under 24 hrs.
WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday II under I year II under 24 hrs. Months Days Hours Min.
(Specify)	1 11/k11 2-/1891 C yra.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Cloth ny Outfer Clothing	LOALTINGE COM
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK MIMOUSHI	Victoria .
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 131 Rochester
(Yes, no, or unknown) (If yes, give war, or dates of 215-05-6579	Loseph = 15, / Knowski K
Z /18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONERT AND DEATE
Immediate cause (a) Lecenary	Teclusion 20 min
/	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	# E60 No.19601 (Comb maximum addeds) a similar amena 2 field middlesh his arm
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
	Yes [] No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
Externenced - held ing it	ing 6.17.56
22. I hereby certify that I attended the deceased from	19 that I last saw the deceased
Matual	aucer
	ADDRESS DATE SIGNED
(Degree or title)	O D A
A M Chellers, Mid Paper Mad.	2110mmes Pull 22 6-18-12
2. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
	AnnisLaus Baltimore md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6-20-56 A.W.Hedrich	John A Monn 2. +
0-20-50 %.".Hearton	John John John
WELL &	, sur Ilistellina wattin are
	37.



1. PLACE OF DEATH 6. COUNTY Raltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If untitython: Residence before odmission) 6. COUNTY Raltimore 3. STATE Maryland 6. COUNTY RURAL ond give nearest lown) RURAL ond give lown lown lown lown lown lown lown lown		MARYLAND STATE DEPARTMENT OF HE	EALTH—BALTIMORE, 18	
D. CITY OF TOWN (If evitide corporate limits, write a LENGTH OF STAY IN 16 B. COLUNTY DE TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE D. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) Address C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. CITY OF TOWN (If evitide corporate limits, write RUBAL and give necrest town) ROSEDALE C. COLOR OR RACE FERRIL C. COLOR OR RACE ROSEDALE C. COLOR OR RACE ROSEDALE		5912 CERTIFICATE OF D	EATH	05893 Ig. Dist. No. 4
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d. NAME OF PLOSPITAL (If not in hoppid). give street oddress) 1028 Stumt or Ave. 1038 Stumt or Ave. 1038 Stumt or Ave. 1048 Stumt or Ave. 1058 Stumt or Ave. 1068 Stumt or Ave. 1078 State of Birth 1078 State or Birth 107		RURAL and give nearest town)		AL and give nearest town)
Address Second Color or race 7. Married Nove 1. Date		d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET AD	DRESS	e IS RESIDENCE ON A FARM?
Part Other State Other		3 NAME OF First Middle Lost	4. DATE Month	
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HOUSE GIVE THE SCANE CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (co) 19. May be considered by the course (c), tricing the under 1 to CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (co) 19. May be compared by the course (c), tricing the under 1 to Contributions) (if p. m. m. was proposed by the course (c), tricing the under 1 to Contributions) (c) part 1. Death was caused by the course (c), tricing the under 1 to Contributions (contributions) (c) part 1. Other Significant Conditions (contributions) (c) part 1. Other Significant Conditions (c) part 1 to Course (c), tricing (c) part 1. Other Significant Conditions (contributions) (c) part 1 to Course (c), tricing (c	1	Female White WIDOWED I DIVORCED July 5,	1883 (ost birthdoy) A	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH WAS CAUSED BY: 19. PART I. DEATH WAS CAUSED BY: 10. Conditions, if any, which gove rise to Immediate couse (c), tholing the under lying couse (a), tholing the under lying couse (a), tholing the under lying couse (a), tholing the under lying couse fast. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AND PERFORMENT OF THE CONTRIBUTION OF THE CONTR		during most or working tire, even if retired		12. CITIZEN OF WHAT COUL
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NO NOR Mrs. Bertha O. Pares 1001 Chesaco Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse (a), stating the under lying couse (a), stating the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 179. WAS AUTO-PRETED OR CONTRIBUTING CAUSE OF DEATH [IT ETHER. NOTHEY MORE LEXAMINER] 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED with least white of the work. It	-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT		
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at wor		Couse (a), stoting the under DUE TO A Plastic and 6 Lying couse tast. (c) A Plastic and 6 Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PM 1 a	2 CAN
21. I certify that I attended the deceased from Jan. 1956 to June 20, 1956 that I last saw the deceased on June 20, 1956 that I last saw the deceased on June 20, 1956 and that death occurred at 11 44AM, from the causes and an the date stated a ADDRESS (Street, city or lawn, state) DATE S PHYSICIAN'S PHYSICIAN'S		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Hot while Not wh	ome, farm, 20f. (City or town)	(County) (S
SIGNATURE / / DUMMY WILLIAM D. BUILTO 6 MM 420 B PHYSICIAN'S NAME (Typo)		21. I certify that I attended the deceased from Jan 1, 1956	LYMAM, from the causes and	d an the date stated a
	1	SIGNATURE SIGNAT	ulto 6 mil	42015
		REMOVAL (Specify) Rurial June 23, 1956 Oaklawn 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Baltimore, Ma	

ion,		MEDICAL EXAMIN	ER'	CERTIFICA	TE OF	DEATH	()	589	4
		PLACE OF DEATH E. COUNTY Baltimore Co. MARY		2. USUAL RESIDENCE (o. STATE Mary]		ed lived. If Instit b. COUN		ince before	admission)
X	'	c. LENGTH OF STAY and give nearest town)	IN 1P	c. CITY OR TOWN (If outside corp	orate limits, write	RURAL and	give neare	st town) —
X		Back Bay near Balto. Baltimore							
Ann	ľ	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	4)	d. STREET ADDRESS				je.	ON A FARM?
				847		aul Stre	et	YI	S NO X
		NAME OF First Middle DECEASED (Type or print) ANTHONY GEORGE		La NG	4. DATE OF DEATH	Jun		Day	Year 19 56
		Male 6. COLOR OR MACE 7. MARRIED NEVER MARRIES White White WIDOWED DIVORCED		The learning on		9. AGE (n years lost birth, ay) 31 yrs.	Months		UNDER 24 HRS.
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ASP	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
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		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]						INTERVAL ONSET AN	BETWEEN D DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Drow	min	<u>g</u>	_				
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	CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	WINAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. W	RFORMED?
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RED. (E	nter nature of injury in Pa	rt I or Part II	of item 18.)			
	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. INJURY OC	facto	ry, street, office bldg., etc	:.)		lto. ((Stote)
	^	21. I certify that I taak charge of the remains described				spection X			nd find that
		death resulted from Natural causes Accident .				determined	_		na ma ma
1		ACTUAL SIGNATURE William V GOUTES		_M.D. CHIEF MEDICAL E		. Servet		Đ/	CHADIS ST
		EXAMINER'S NAME (Type)		ASSISTANT MEDICAL			Ju	ne i	1/1957
	220	BURIAL, CREMATION, 226. DATE THEREOF June 14 1956 St. Peter	271	em.	Balt	imore M	đ.		(State)
	23.	raul Celle liver 322 5	H.	egle 2 COATE (D BY REGISTI	ar 246. REGI	the 7	Kuch	cy o



•				5914	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 45
Lector Will		1. (LACE OF DEATH	imore	MARYLAND	2 USUAL RESIDENCE (Who	re deceased lived. If institution b. COUNTY	Residence before admission)
15.82) 4	1	CITY OR TOWN (If outside RURAL and give nearest to Middle (E)	carporate limits, write	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OU Baltim	tside carporate limits, write RI	URAL and give nearest fown)
by the d	*	ĺ.	S. NAME OF HOSPITAL (IF no OR INSTITUTION	in hospital, give street	isa Aug	d. STREET ADDRESS 1213 Ray	leigh Was	e. IS RESIDENCE ON A FARM? YES NO
filled in b ges 1 and		1 1	NAME OF DECEASED Type or print)	Nettie	Middle \mathcal{B}_i	Leister	4. DAKE Mont	th Day Year MC // 1956
Po P	N. ST.	5 5	Fémale M	OR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb., 10, 1896	9. AGE (In years last, brithday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
D = 9	1		during most of working life,	kind of work dane 10b even if retired)	. KIND OF BUSINESS OR INDU	1 1. mail 1	r foreign country) 0, Md,	12. CITIZEN OF WHAT COUNTRY?
e g g			FATHER'S NAME John	J. Br	ehm	14. MOTHER'S MAIDEN NA	Leister	
ending physici stease remove ithin 72 hours	7	15. (Yes	_/Va	wer or dates of service)	None /	Yursing Ha	ue Chay + Addr	19 Hourison A
to to			18. CAUSE OF DEATH [En		ine for (a), (b), and (c).	opheumo	mia	INTERVAL BETWEEN ONSET AND DEATH
d by the mit. The			Conditions, if any, whi gave rise to immedia		Cerebral	vascula	+ accide	it 12 days
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ottendin chificate as the b		1 . 1	200 ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY Moni		SCRIBE HOW INJURY OCCURRE	ACE OF INJURY IHome, form,		
r this ce far use c		MEDICAL	Haur a. m. p. m.	19 White at wo	Not while fa	ictory, street, affice bldg., etc.)		(County) (State)
TOR: After detached to burial,			21. I certify that I at alive an	tended the decea		occurred at 10:05		,,that I last saw the deceased and an the date stated above.
DE SE	1		ACTUAL SIGNATURE	velent.	titale	M.D	DUKCSS (SITES), CITY OF IOWN,	stote) DATE SIGNED
ERAL 3 shau gistrar		220	PHYSICIAN'S NAME (Type)	DATE THEREOF	12c. NAME OF CEMETERY C	OP CREMATORY	22d. LOCATION (City, town, o	or county) (State)
moy to FUN page the re			REMOVAL (Specify) TO BUYIOL TU	10 15,1956 TURE	Morelan	d Park	Balton	Md.
VS A1S (4) 1SM 9/55	(1	Za	ssahr Funn	al Hone	7401 Bela	in Rd, DATE 6.	15 56 Cdit	Le Hurley W



-			5915	,	CERT	!FICA	ATE OF D	EATH	1		Reg. Dist. 1	058	395/4
	1.	PLACE OF DEATH	THENORE		MAS	YLAND	2. USUAL RESID	MARY L		ed lived. If institute b COUNTY	on Residence b	efore odn	ussion)
間)~	Г	FORT HOWA	f outside corporate limi aust town)	1	ENGTH OF STA	Y IN 15		own (if o		orate limits, write R	URAL and give	nearest to	wn)
~ ~	-		AL (If not in hospitat, g				d. STREET A)			, sc 6	ESIDENCE
9	L	CAR THIS TITLITY CONT	DMINISTRAT						wood	Avenue		ON YES	A FARM?
	3.	NAME OF DECEASED	Fir	st	Midd	ie	Lost	1	4. DATE	Mon	ith	Day	Year
		(Type or print)	WAL		A	•	LLOYD		OF DEATH	June	25	5.	19 56
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED	B. DATE OF BIRTH	+		9 AGE (In years last birthday)	IF UNDER TYE	AR IF UN	DER 24 HPS
		Male	White	WIDOWED [2-16-9			63 yrs	Months Day	s Hou	s Min.
	100	. USUAL OCCUPATION during most of work	N (Give kind of work a	done 10b. KIND	OF BUSINESS	OR INDUS	TRY 11 BIRTHPL	ACE (State	or foreign c	country)	12. CITIZEN	OF WH	AT COUNTRY?
- /		Shipjein					Balt	imere	, Mar	yland	υ,	S.A.	
	13.	FATHER'S NAME					14. MOTHER'S						
		Edwin A	. Lleyd				Mar	y Sti	ngel				
			IN U. S. ARMED FOR		AL SECURITY N	O. 17. II	FORMANT			Add	ress		
- 1		Yes	WH-1		-10-350	OCL	in. Rec.	. Vet	. Ada	. Hesp., F	Port Her	ani.	Md.
~		18. CAUSE OF DEA	TH {Enter only one co	use per line for	(o), (b), and (c						lii	TERVAL	BETWEEN
1			TH WAS CAUSED BY:	DANCE	REATITIE		UTE				1	NSET AN	D DEATH
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		Canditions, if a	or which t										
		gave rise to in	nmediate (
		couse (a), stating (tying couse lost.	ne huost-										
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*	ATION	BRONCHOP					TO THE TO	THE PERMIT		2 CONDINON ON	EIA HA LWK1 1/0	PER	ORMED?
	FE			20b. DESCRIBE	HOW INTURY	OCCURRED	(Enter nature of	Eunium in P	ort I or Par	t II of then 181		1 115	О но 🗆
	CERTI	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]		TIGHT MIGHT	0000	frings (Minte Of	injory in v	011101101	t tros trem te.j			
	MEDICAL	20c. TIME OF INJUR	Month, Day, Yea		OCCURRED	20e. PLA	CE OF INJURY (tome, form,	20f. (City	y or town)	(Coun	y)	(State)
	WED	Howr a. st. p. m.	19	While at work	Not while of work	loc	lory, street, office	bidg., etc.))				
	~		VA			70	2056		<u></u>				
	١,		at k attended the				18.50	, 10_ <u>-111</u>	ne_25	19_56	STREET OF STREET	30000	
		AHAR-AUTTITUTE			ond the	t death	occurred at.			m the causes a			
		ACTUAL Y	0.4.0	7-20	2		77.4			treet, city or town,		_	DATE SIGNED
#		SIGNATURE	o way	1/4	man	^	A.D	FIRE.	HOWAR	D, MARYLA		6	/26/56.
		PHYSICIAN'S NAME (Type)	RVING FREE	IAN. M.I).								
	220		N. 226. DATE THEREO		NAME OF CEA	AFTERY OF	CREMATORY		22d LOCA	TION (City, town, o	e country	(\$4	ote)
	١,	REMOVAL (Specify)	6-29-		Baltimo							[5]	0.6)
,	_	FUNERAL DIRECTOR'S	SIGNATURE	0 11	ADDRESS	e ve		24a NEC D	Balti 8Y REGIST		Trand	TURE	10
Pan	2	1 Cans	-Blist.	Sin 1	009 Ha	Para	19/	(I		1911	4 4	1.1	# 1
1,1	Wi	LOOK-FILE	oht. 180,500	10 Harry	and Rd	Roll F	7/6/ ~	THE	ה חביציעו	THE PAR	audon	25,0	anka
1 1	- 7.7	THE PARTY AND TH	TALL A LEWIS ALL STREET	m - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. of \$ 340 B 1 .	THE CHARGE						

TO HOSPITAL OR ATTEMPING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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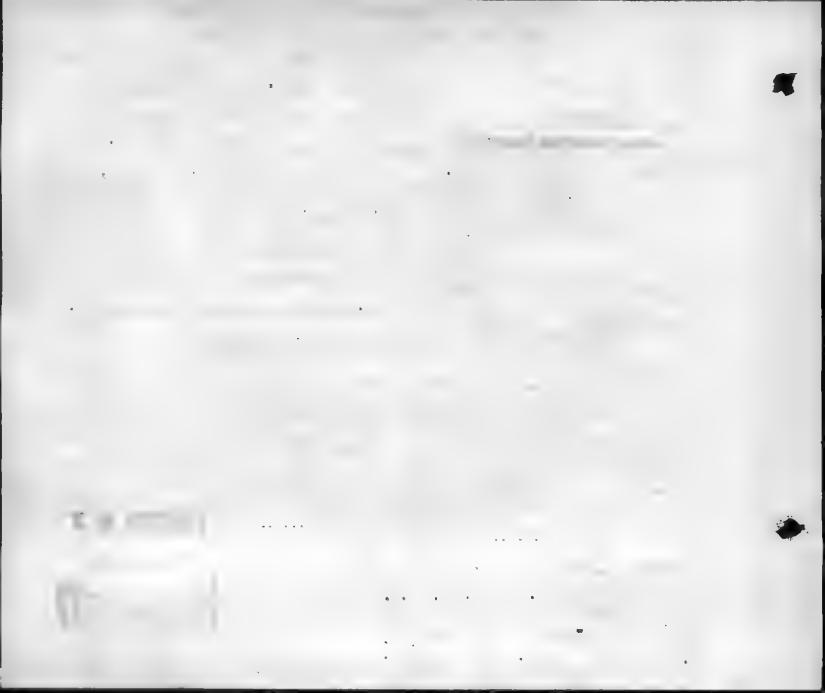
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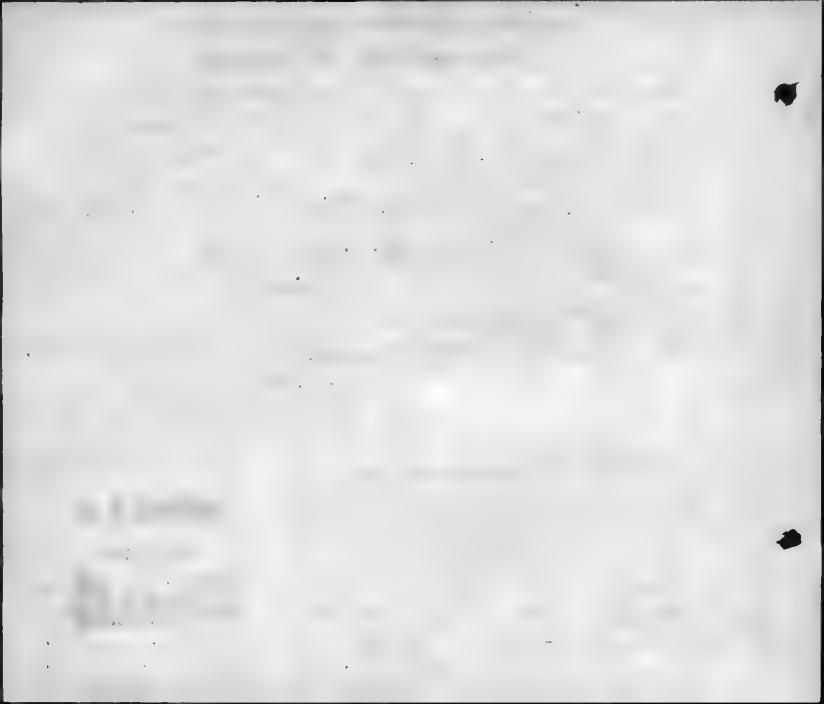


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	\$ · 5918 CERTIFICATE OF DEATH Reg. Dist. No. 33
ector.	1. PLACE OF DEATH o. COUNTY Dalto 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Bulto
× Fune	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necress lown) RURAL and give necress lown) Challed - Rural 50 400 Challed Cural X
by the	d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
n 24 ho	3. NAME OF DECEASED (Type or print) CLARENCE—MARTIN 4. DATE OF DEATH JELLE 20 19 56
pletely is. Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 (ASE (In yours lift under 1 YEAR IF UNDER 24 HRS 1
ond com bon pape death.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranuary Countern March 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) WSA WSA
physicion o	Ephnam Martin Pachel Martin
ing phy se remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. go. or unknown) If you was go dates of service) Mus Clauseuge Mentin, Uppered Me
he deot	18. CAUSE OF DEATH [Enter only one couse for line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LINE CAUSE OF DEATH ONSET AND DEATH ONSET AND DEATH
equires that its on. I signed by the sit permit. The and in any ever	Conditions, if ony, which gove rise to immediate couse (o), stating the under-tying couse lost. DUE TO DUE T
physicial as been as been ind-tran avol, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO P
IAN: IF	200. ACCIDENT WAS UNDERLYING COURTED. (Enter noture of injury in Port I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. p. 19 While Not white of work of wor
The North Control of Purior of Purio	21. I certify that attended the deceased from 19.50 to 19.50, that I last saw the deceased alive on 19.50 to 19.50 that I last saw the deceased alive on 19.50 to 19.50 that I last saw the deceased alive on 19.50 to 19.50 that I last saw the deceased alive on 19.50 to 19.50 that I last saw the deceased alive on 19.50 that I last saw the 19.50 that I
non A OK A Notice of DIRECT PRINCIPLE OF PRIOR P	SIGNATURE SOSPACED STATE TO THE COSTATE OF THE COST
OSPITA OSPITA I be ret INERA! e 3 sho registro	PHOSICIAN'S LEGE 10 10 10 10 10 10 10 10 10 10 10 10 10
T Page	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
YS A15 (4) "5M 9/55	Edel Tiplon- Hampiteal My DATED-23-54 Mary B. Shire



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()59()1	
	5919MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	2
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY)
	Baltimore Maryland Md. Baltimore	
1 3	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) and give nearest fown)	
1 ,5	Owings Mills 16 yrs Owings Mills	
/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDE ON A FAI	NCE RM?
	Reisterstown Road Kingsley Road YES NO	
	NAME OF First Middle Last 4. DATE Month Day Year OF	
	(Type or print) Helen Louise Martin DEATH June 22, 1956 19 - SEX 6. COLOR OR RACE 7. MARRIED 57 NEVER MARRIED 57 18, DATE OF BIRTH 19. AGE 10 years 15 UNDER 176 ARRIED 57 NEVER MARRIED 57 18 DATE OF BIRTH	1 1100
	los birthday) (Months Dose Hours Man	
	TOMELE TOTAL DISTRICT	AITO VO
- /	during most of warking life, even if retired)	141611
	House wife own home Maryland U.S.A. 3. FATHER'S NAME	
	William H. Benson Florence Gladmon	
,	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address	
	No No No David P. Martin Kingley Rd, Owings	Mil
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL SETWEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: Gommound fracture of left humerous, left 25 mi	n.
	out thibia and fiblua, fractured right knee, fractured	
	[Conditions, If ony, which] (b) nelvie engaged might cheet frectured lumban	
	(a), stating the underlying DUE TO	
	couse lost. (c) Spine, lacerated scalp, fractured skull	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO PERFORMED	PSY D?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTO NOTE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 10c. PRINCEY OF DEATH. 10c. PRINC	<u>K</u>
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Of Kingsley Rd.	
	I POOCADOU WERE STITIFF OF THE REIPTOPPTOWN ROUNDER NO	ort.h
	Hour Nat while Not while hoctary, street, africe bidg., etc.)	
	21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry .	
	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	ingi
	The state of the s	
	SIGNATURE D. D. Caples M.D. CHIEF MEDICAL EXAMINER [0
	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S D. D. Caples DEPUTY MEDICAL EXAMINER (Type)	
	20. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
	Burial June 26, 1956 -All Saints Reisterstown, Md	
14	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE	
1	J. F. Eline & Sons Reisterstown, Md. DATE 6-25-56 Mary B Eline	2





VS. ATSME(5) 5M 9/55

		1	
0 43 515	in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page. hould be		remation.
	Paga		o burial transit permit. File pages Land 2 with the registron prior to burial cremation.
2	director.	Files.	r prior to
	e funeral	for your	te registro
	nd 3 to th	retained	E with #
2	es 1, 2, o	5 moy be	ides 1 and
	Give Pag	3. Foge	File po
	lem 18.	form PM	sit permit
1	sencil in I	ce alang with form PM3. Page 5 may be retained for yaur files.	verial-tran
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05903 Reg. Dist. No. 30

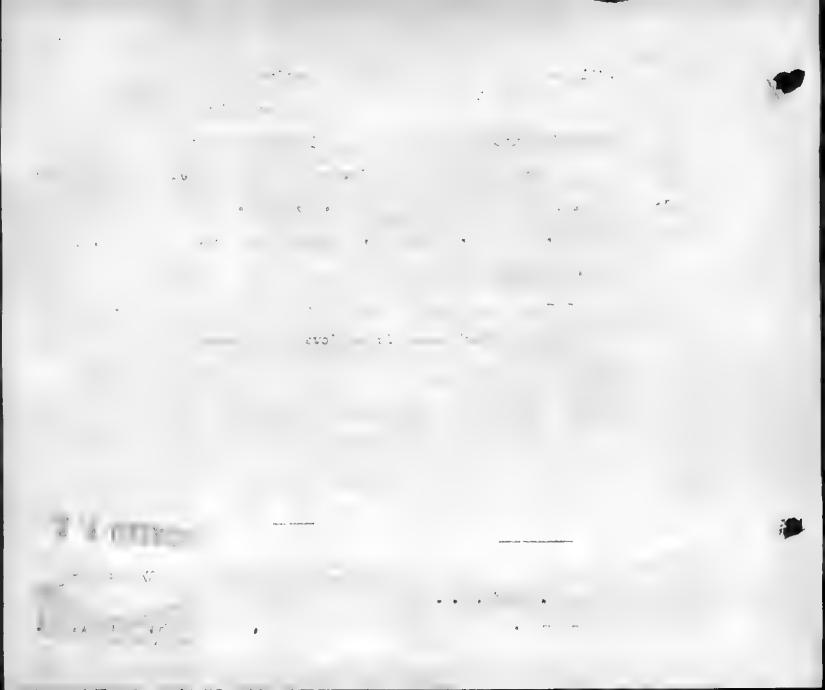
1,	PLACE OF DEATH a. COUNTY Bald	timore		MARYLA	GN.	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Baltimore					
	b. CITY OR TOWN (# ond give reared town)	nsville	nie BURAL	2 mos. 9d		e. CITY OR TOWN (IF	ville	porate limits, write	RURAL and give	neorest t	own)
				hospital, give street address) e Hospital		d STREET ADDRESS	Jinw	ood Avent	10	01	RESIDENCE N A FARM?
3.	NAME OF MANUA SED (Type or print)		im lith	Middle		ten Meade	4. DATE OF DEATH	Month Tun-1/		,	Year 19 56
	remale	White	WIDON	RRIED NEVER MARRIED DIVORCED DIVORCED		DATE OF BIRTH August . 2, 186		9, AGE (In years lost by theory)	Months Days		Min.
100	b. USUAL OCCUPATIO during most of working	N (Give kind of wor life, even if retired)	k done 100)	o. KIND OF BUSINESS OR INT	DUSTR	Haverstras	or foreign o	ountry)	12. CITIZEN		COUNTRY
13	. FATHER'S NAME AIRLINGE	m. Isa	ac Di	ıryee		14. MOTHER'S MAIDEN NA Under Own		atilda He	yer		
15 (Ye	NO NO. OF UNKNOWN)	R IN U.S. ARMED F If yet, give war er dates	ORCES?	6. SOCIAL SECURITY NO. 11 Unknown	7. IN	Records Spr	ing G	Address rove Stat		tal	
J	PART I. DEATI	T WAS CAUSED BY: MMEDIATE CAUSE (DUE TO y, which) ote couse (o) >	Arterioscle		orbonia tic cardiova	scula:	r disease	•	ITERVAL BETY NSET AND D	
CATION	PART II. OTHI			CONTRIBUTING TO DEATH 8	ter	ic fracture	of ri	cht hin		YES	NO [
CERTIFI	20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []		RIBE HOW INJURY OCCURRED	ot.b	er netient			tient wa	s pus	shed
MEDICAL	Hour a.m.	5-1- 1	56°	work at wark	factor	y, street, office bldg., etc.) Hospital	Ca	tensville			(State) Md.
	ACTUAL SIGNATURE		causes	e remains described of			MINER D	ndetermined o			SIGNAO
L	BURIAL, CREMATION REMOVAL (Specify) Removal	6/16/5		22c. NAME OF CEMETERY Pine Gro		REMATORY		IlON (City, town,		(Sto	te)
23.	FUNERAL DIRECTOR'S	SIGNATURE TICKNER	K.Sch	as NHO aver	Ba	1017, NA DATE 6	BY REGIST 19-5	RAR 24b. REGI	TALLES SIGNAT	Tarry	,

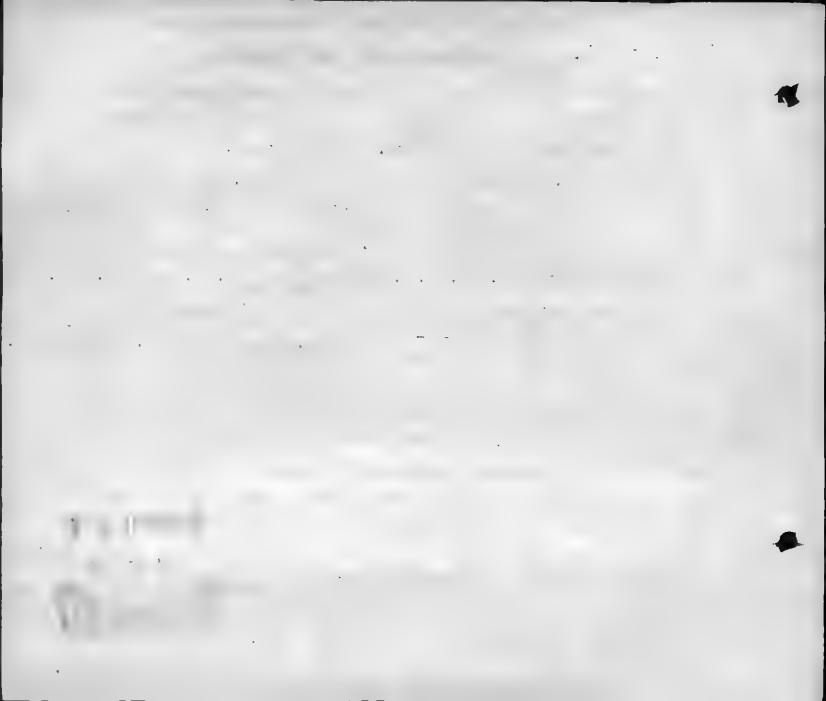


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

moy Poge 5 File Give Give 80 to the Chief Medic L DIRECTOR: Poge 3 forworded to FUNERAL I

5M 9/55





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VS. A15ME(5)



TNG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the control of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FARE CERTIFICATE OF DEATH 05907

	0320		CERTIFICA	TIL OF DEATE	·		Reg. Dist.	No. 4	4
1. PLACE OF DEATH o. COUNTY Ba	ltimere		MARYLAND	2. USUAL RESIDENCE (WE STATE Marylar		d lived If instituted b COUNTY	n: Residence l	before adn	nission)
b. CITY OR TOWN (RURAL and give n	if autside corporate limi	ls, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	entride carpo	orate limits, write RU	JRAL and give	nearest la	iwn)
Fort How			36 days	Baltimere	9			٧	,
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	address)	d. STREET ADDRESS				e. 15 F	RESIDENCE
	dministrati	en H	espital	1038 Brantle	by Ave	nue			□ NO []
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mont	ħ	Day	Year
(Type or print)	THOM	AS	W.	MILLER	DEATH	June		10	1956
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (in years lost birthday)	Months Do		-
Male	Colored	WIDOW	-	6/2/96		60 yrs.	Months Do	lys Hou	rs Min.
10o. USUAL OCCUPATE during most of wor	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stale	or foreign o	country)	12. CITIZE	N OF WH	AT COUNTRY
Shee Maker		5	hee shep	Virginia			U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
Mars	hall Miller)		Annie Je	ehns er	1			
1S. WAS DECEASED EVE [Yes. no. or unknown] TOS	ER IN U. S ARMED FOR (If yes, give war or dates of s WW.]	ervice)		nformant .n.Rec.Vets.A	dmin.	Hespital,		owar	a,Ma.
			ne for (o), (b), and (c).]						BETWEEN ND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1		RCINOMA RIGHT	r LUNC	WITH		IINIKA	
	০টিইবট		GENERALIZED ME	TASTASIS				- 02112	
Canditions, if a)							
gave rite to i									
lying cause lost.	} {c	****							
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIVE	EN IN PART 1	PEP	S ALTOPSY FORMED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED), (Enter nature of injury in l	Port I ar Pa	rt II af item 18.)			
ZOC. TIME OF INJUI	RY Month, Day, Ye	20d. t While of war	Not while fee	CE OF INJURY (Home, form tory, street, office bldg., etc	20f. (Cir	y or tawn)	(Cou	nty)	(State)
			ed from May 5						
Wine Chococc	0000000000	XXXX	COCOCC and that death					date sta	
HEYAM	1 Lough	1	1102/2			itreet, city or town,		-1+-7	DATE SIGNE
SIGNATURE	0-00/1-64	-20	Tause !	ud Aocersi	IS A CA	ninistrati	TO DES	brogr	io .

NAME (Type) DOMAID B.

Fort Heward.

6-10-56

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 225. DATE THEREOF 6-13-56

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

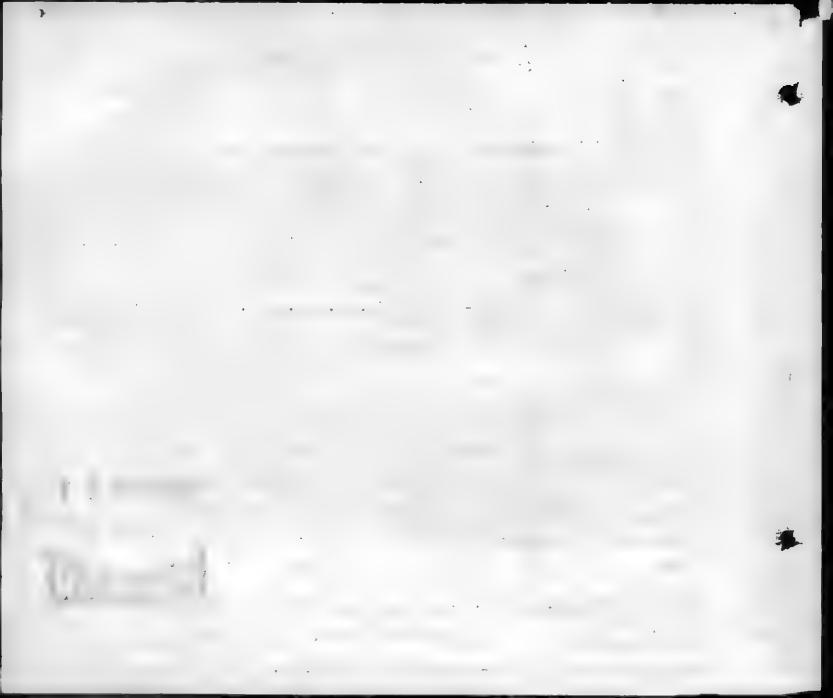
(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Baltimera National Maryland 245 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

CHARLES R. LAW MORTHARY 802-01 MATDSON AVE. BALTOPAIND



5	9	26	CERTIFICATE	OF	DEAT

05908

0000				Reg. Dist. No. 🛷 🕖
1. PLACE OF BEATH g. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institution	n: Residence before admission)
Raltimore	MARYLAND	Maryla	and b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest town)
Raspeburg	Life	Raspel	ourg	
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Pox 306 Gum Spring		Box 30	06 Gum Spring F	d. YES NO T
3. NAME OF DECEASED (Type or print)	Middle	00×P	4. DATE Monte	P 9 19.56
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost birthdoy)	FUNDER I YEAR IF UNDER 24 HRS.
Female White WIDOWE		Feb. 16, 189!	lost birthdoy) 1 62 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY
	At Home	Balto. Co.	. Md.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles Hartman		Hilda	Geara	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) 1 (If yes, give wer or dates of service)	SOCIAL SECURITY NO 17. II	NFORMANT	Addre	41
No	None Ma	rvin Moore	Box 306 Gum	Spring Rd.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. IN	RIBE HOW INJURY OCCURRED		ort f or Port S of item 18.)	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Stole)
Hoor a. n. 19 While of work 21. I certify that I attended the decease	of work	0		athat I last saw the deceased
actual SIGNATURE		n.D. Bult		nd on the date stated above
REMOVAL (Specify) Rurial June 13, 1956			paltimore.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Tuther an		RAR'S SIGNATURE
Parroley of Just al Those	THOIR O	20	-14-16 AD	Bar lander

TO HOSPITAL OR ATTENCING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and be retained by the spital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55



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VS A15 (4) 15M 9/55

MARYLA	ND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
5927.tem	ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 8,FilmGlertificate of DEATH	n.

05911 Reg. Dist. No. 32

	1. PLACE OF DEATH o. COUNTY			ere deceased lived. If institution: R	esidence before admission)			
	Baltimore	MARYLAND	Marylan	d 6 COUNTY BE	altimore			
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)					
٠,	RURAL and give negrest town) Rural Pikesville	Lifetime	Rural	Pikesville	*			
4	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE			
	OK INSTITUTION		Stevenson	Rd., Pikesville	e 8 YES 12 NO			
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year			
	(Type or print) George	Franklin	Murray	DEATH June	14. 1956			
			B. DATE OF BIRTH		NDER TYEAR IF UNDER 24 HRS			
4.	Male White WIDOWE		May 16.1877	4 72 γ s	nths Days Haurs Min			
,	10a USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slate	ar fareign country)	2 CITIZEN OF WHAT COUNTRY?			
7	Caretaker		Marylan	đ	U.S.A.			
A STATE OF THE PARTY OF THE PAR	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	William H. Murray		Rose Fr	eeland				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	SOCIAL SECURITY NO. 17. II	NFORMANT	Address				
7	No None 21	7-01-2543 M	rs. Minnie	Elizabeth Muri	ray, Pikesville			
	18. CAUSE OF DEATH [Enter only one cause per line				INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)				ONSET AND DEATH			
	DUE TO		4					
	Conditions, if any, which)	anto.	inoclosoft.	: Leat distas	1/1/20			
	gave rise to immediate DUE TO		The state of the					
	lying cause last.							
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN II	PART I(a) 19. WAS AUTOPSY			
	PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?			
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	Part I ar Port II af item 18.)				
	OC. TIME OF INJURY Month, Day, Year 20d. IN While at work		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.	20f. (City ar lawn)	(Caunty) (State)			
	p. m. 19 at work	Nat while		<u>' </u>				
	21. I certify that I attended the decease	ed from 12 from	1957, 10 /	4 June , 195 E, the	at I last saw the deceased			
	alive an 13 June 195	. //		ZM, fram the causes and				
				ADDRESS (Street, city or town, state)				
/	SIGNATURE Tand H	Royal	M.D. 808 Reis	terstown Rd.	June 15.1956			
	PHYSICIAN'S	0						
	NAME (Type) Paul H. Poyse. A	1.D	Pikesvil	le 8, Maryland				
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, tawn, or cau	inly) (Slate)			
	Burial June 16,195		Cemetery	Reisterstown	Maryland			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	1 240. REC'E	BY REGISTRAR 245 REGISTRAR	S SIGNATURE			
	Transec 45- 10 in	es luca	will =16.	18:06 Novot	by Reevell			
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VS A1S (4)

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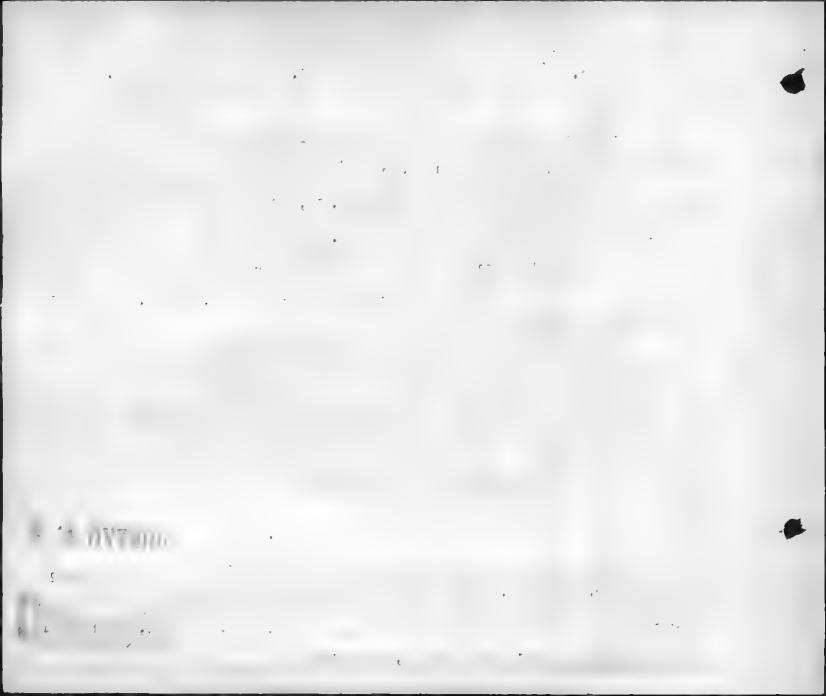
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5929 CERTIFICATE OF DEATH

							Keg. Dist.	No. 77	-
1. PLACE OF DEATH o. COUNTY				. USUAL RESIDENCE (Where deceases	lived. If instituti			ssion)
Baltimo		MARYL		Virgini		b. COUNTY	MOLTOT		
 b. CITY OR TOWN (If outside RURAL and give nearest to 	corporote limits, w wn)	rile c. LENGTH OF STAY II	и 1ь	c. CITY OR TOWN (I	f outside corpo	rote limits, write f	URAL and giv	e nearest low	ia)
Fort Ho		48 Days		Kempsvi	llle.		72	X -:	
d NAME OF HOSPITAL (If no OR INSTITUTION	ot in hospital, give s	itreet address)	-	d. STREET ADDRESS	779				SIDENCE A FARM?
veceran	Acminis	tration Hospit	ST	Carolar	ine Far	ns .			NO [
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mor	ith	Day	Year
(Type or print)	PATRICK	JOSEPH	010	CONNELL	DEATH	June		17	19 56
		MARRIED NEVER MARRIED	8	DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	DER 24 HRS.
Male Whi	1712	DOWED DIVORCED		July 16, 18		64 yrs	Months D	ays Hours	Min.
10a. USUAL OCCUPATION (Give	kind of work done	10b. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Sto	te or foreign co	ountry)	. 12. CITIZI	EN OF WHA	T COUNTRY
Horsekhoer		Farm		Ireland			U.	S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	I NAME				
John O'Connell				Maria Mo	Manus				
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?		17. INFO			Add			
Yes (14 yes W	war or dates of service)	066-16-6939	Clin.	Rec., Vet.A	dm. Hos	ital,Ft.	Howard	.Md.	
18. CAUSE OF DEATH [En	ter only one couse p	per line for (o), (b), and (c).]]	INTERVAL B	ETWEEN
PART I. DEATH WAS	CAUSED BY:	CARCINOMA OF H	YPOPI	LARYNX				UNKNOW	
	DUE TO		-					021221011	24
Conditions, if ony, whi							i		
gove rise to immedia couse (o), stating the und	te Course								
lying couse lost.	(c)								
PART II. OTHER SIGN	IFICANT CONDITIO	ONS CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART I	(o) 19 WAS	AUTOPSY
3									ORMED?
PART II. OTHER SIGN 200. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAU [IF EITHER, NOTIFY MEDICA	RLYING 20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	n Port I or Port	II of item 18.)			- Land
	L EXAMINER)								
20c. TIME OF INJURY Mon	th, Day, Year 2	od. INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, far	rm, 20f. [City	or town)	[Cou	inty)	(Stote)
Nour o. ft.		Yhile Not while t work of work	foctor	y, street, office bldg., e	nc.)		·		
21 L certify that Kal	anded the dec	ceased from. April.	20	10.56 40.45	une 17	10 56	FORM	V262	
antiferent contraction of the co	Tended the dec	Coccoccand that d		17.20, 10.5	5A		"'manner		NEW YORK IN
		decision in a c	seath o	corred d[_44.2.	ADDRESS (Si	i the causes of reet, city or town,	ind on the		ed above
ACTUAL SIGNATURE	min of	reeman		VAH. FORT		, MARYLA	•	1./1	8/56
			M.D		11011714Q	3 122101 110	ND.	4/_	0/20
PHYSICIAN'S TRUTNO	FREEMAN	M.D. Acting C	hief	Medical So	mri no				
	DATE THEREOF	22c. NAME OF CEMET				ION (City, town, o	T country	20-	I-)
Burial (Specify)	-21-5	Baltimore			1			(Stol	10)
23. FUNERAL DIRECTOR'S SIGNA	TURE O	ADDRESS	Marel		Balti	MOTE ITA	ry land	ATURE	
In Good Blickt	The way		D-74-		L 21 . 4		2	YN	0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5931 CERTIFICATE OF DEATH

05915

Reg. Dist. No. 38

1. PLACE OF DEATH	2. USUAL REGIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Stonleigh	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MUTTRY H111
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Home 812 Regester Ave	STREET (II rurel give location) ADDRESS 6404 Charles St Ave.
9. NAME OF (First) (Middle) (Type or Print) Grover Linthicum Pedd	licerd DEATH June 26-
	of BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS 72 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) V.P. Acme Steel Eng. Co. Inc.	11. BIRTHPLACE (State or foreign country) Baltimere, M
13. FATHER'S NAME IBARE H. Peddicerd	Mary Anna Chipman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, Newer or doles of service) 16. SOCIAL SECURITY NO. 212-07-9163	Talbott M. Peddicord St Ave.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A)	Destruction INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Issolic (U-V-R.Dis.
18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	icelusien 2 years
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	1950, to him to the causes and on the date stated above. ADDRESS (Street, city, Jown, state) DATE SIGNED
Burial CREMATION, REMOVAL (SPECIFY) Date THEREOF NAME OF CEMETERY OR Surial June 29-1956 Druid	(Siare)
24 SEC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE 2224 N. Charles

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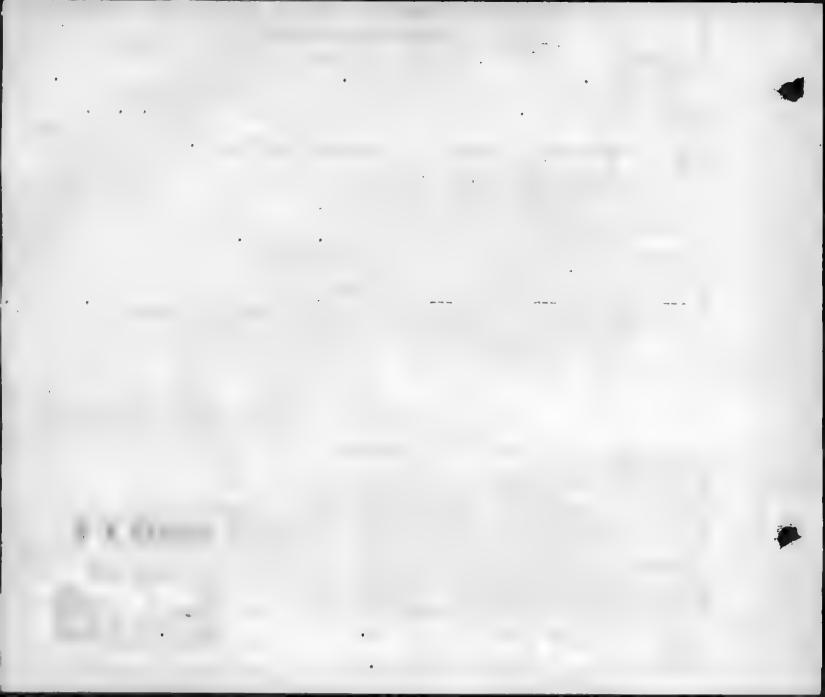
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND

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108 KIND OF BUSINESS

OR INDUSTRY:

IS. SOCIAL SECURITY NO.

WIDOWED, DIVORCED.

(A)

DUE TO

(B)

(C)

While

at work

DUE TO

05920

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) OR TOWN TO. STREET (If rural give location) **ADDRESS** road (Dav (Last) DATE (Year) 19 56 UCK DEATH VIND DATE OF 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days Hours ! LACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY? MAIDEN NAME: ADDRESS: 17. INFORMANT & Went wor MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYS NO 218 PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

, 195%, that I last saw the deceased

NO2. 1800 E.

DATE SIGNED

6/25/52

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21F. HOW DID INJURY OCCUR?

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item of information

COUNTY

TOWN C

3. NAME OF DECEASED

5. SEX:

(Type or Print)

13. FATHER'S NAME:

OR

CITY ilf outside corporate limits, write RURAL

N 2 2 7

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

22. I hereby certify that I attended the deceased from 2./1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

COLOR OR | 7. SINGLE, MARRIED

(Specify)

and give nearest town)

RACE

USUAL OCCUPATION (Give kind of

work done during most of working life.

IS. WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

21A ACCIDENT WAS UNDERLYING TO

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour)

19A, DATE OF OPERATION:

OF TINJURY

REGISTRAR

STATING UNDERLYING CAUSE LAST.

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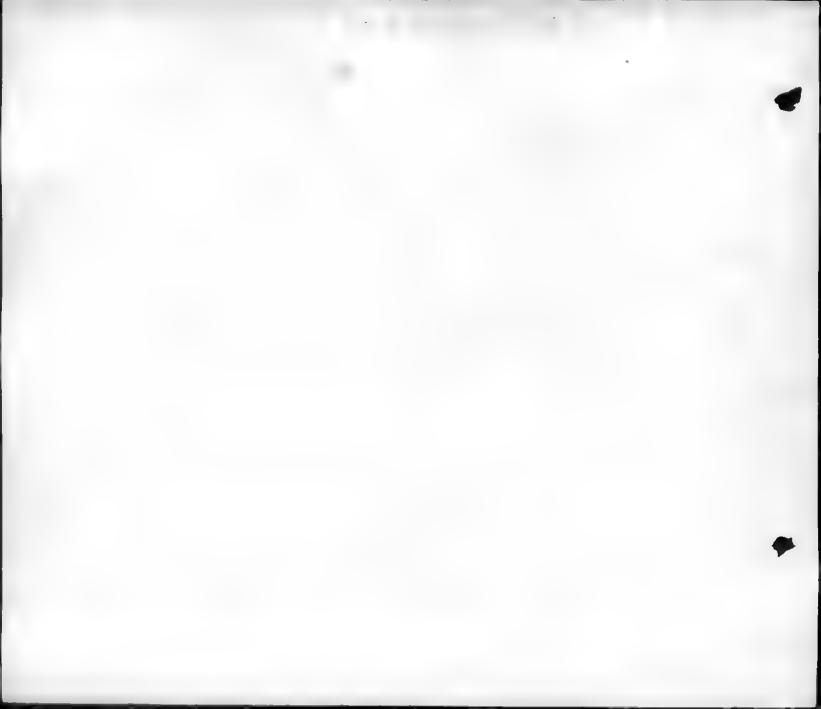
6./ LY., 19 56., and that death occurred at 5. 7. M, from the causes and on the date stated above. ADDRESS SIGNATURE 2320 ENBUN M. D. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Stanis laus Gem DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

21E INJURY OCCURRED

Not while

at work

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after	2, an	y be	and
24 haurs	Pages 1,	age 5 mar	e podes
within	Give	M3. P.	ii.
executed	1 Stem 18.	th farm P.	ansit perm
shauld be	n pencil ir	olang wi	a Eurial-tr
certificate:	pending" i	ner's Office	e used as
: This	vard :	Examir	d bluor
AMINER	ng the v	Medical	Page 3 s
TO DEPUTY MEDICAL X-AMINER: This certificate should be executed within 24 hours after deat	cute the cert ficate	forwarded to the Chief	TO FUNERAL DIRECTOR:

5 2 5 0	
/s. A15ME(5) 5M 9/55	A3.40

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) a. COUNTY Baltimore b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write turns c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catensvilla Zvr] Omc 25dav Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Spring Crove State Hospital 25%6 Edmondson Ivenue YES NO 3 Middle 4. DATE Year Rertha (Type or print) June 3. Powers DEATH 1956 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Temale. White Hours Min a 10-20-1877 WIDOWED IT DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home Carroll Co. Mt. Airwxxxxx UBA Housewife Maryland. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Alexander Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Records Spring Grove" "tate Hospital Unknown IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which Generalized artericaclerosis gave rise to immediate cause DUE TO (o), stating the underlying Fracture of neck of left femur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY

cause last. PERFORMED? 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Unknewn Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) factory, street, affice bidg., etc.) While Not while 1

Hestital

Catonoville Rollingre Md 21. 1 certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [X], and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause

ACTUAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S**

M. Ki.ffer. M. DEPUTY MEDICAL EXAMINER DA 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

1956 Cathedral ADDRESS

24g, REC'D BY REGISTRAR DATE

Old Frederick 245 REGISTRAR'S SIGNATURE Harri

NO 57

(Stote)

DATE SIGNED

6-4-56

(State)

1600 Hollins St. Balto Md.

June

p. m. Annex. 4-239 56 of work of work

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

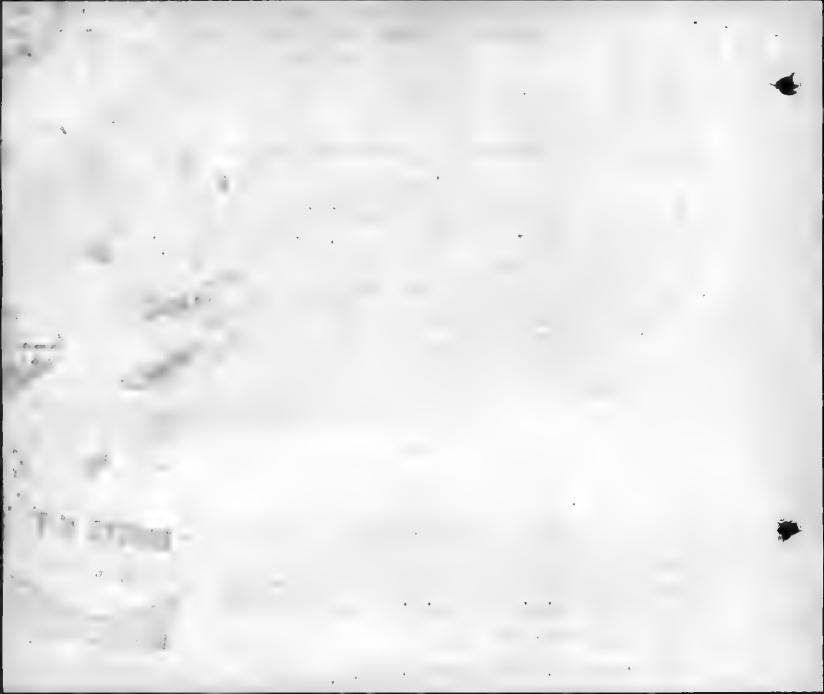
REMOVAL (Specify) Burial

3 NAME OF

5. SEX

No

DECEASED



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5. SEX



			MARYLAND	STATE DEPAR	TMENT OF	HEALTH	-BALTIA	AORE, 1	8	5925
			5940 -	CERTIF	ICATE OF	DEATH	l		Reg. Dist. No	. 38
\	1. [LACE OF DEATH Baltimer	•	MARYL	LINES O. STATE	RESIDENCE (Who		b. COUNTY	n: Residence befo	ore admission)
g ^a		RURAL and give nearest lown Baltimere 1	orporate limits, write	5 WOOKS		or town (if or		limits, write RL	JRAL and give ne	earest fown)
		NAME OF HOSPITAL (IF not is or institution Anneslie		t address)	d. STRE	et address 6 Randa]		t		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print)	First MARY	Middle AGNES	QUI	Last VIV	4. DATE OF DEATH J	une 24		ay Year
	5. 3	ex 6. colo Female Whit		RRIED NEVER MARRIED			9 A	GE (In years ast biethday)	Months Days	Hours Min.
,	100	USUAL OCCUPATION (Give k during most of working life, ex Retired C	ven if retired)	KIND OF BUSINESS OR	INDUSTRY 11. BIR	THPLACE (State of R.	_	γl	USA	OF WHAT COUNTI
	13.	FATHER'S NAME Patrick J			14. MOTH	Annie C	AME Woolle	y		
	1S. (Ye	WAS DECEASED EVER IN U. S.		s. SOCIAL SECURITY NO.	17. INFORMANT	l record	ds	Addr	015	
		18. CAUSE OF DEATH [Enter		line for (a), (b), and (c).]	bral	Throw	Basis)	ON ON	TERVAL BETWEEN
	7	Conditions, if any, which gave rise to immediate case (a), stating the underlying cause last.	DUE TO	arterios	clerofe		livas			3
O	ICATION			CONTRIBUTING TO DEAT					EN IN PART 1(a)	PERFORMED? YES NO
	L CERTIFI	20a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	EXAMINER)	SCRIBE HOW INJURY OC						
	MEDICAL	20c. TIME OF INJURY Month, Hour a. m. p. m.	While		foctory, street,	RY (Home, farm, office bldg., etc.			(County	
		21. I certify that I atte	ended the deced	21 8	death occurred		M, from the	ne causes a	nd an the de	ow the deceas ate stated abo DATE SIGN
		37	1. 1.1	Welmer	1 10 6	10010	RKRD	BAL	TO12	MD 624
1		SIGNATURE TELL	erick p		m.b382			7-7		
1		PHYSICIAN'S FREDE		OLLMER	m.b. ,				who was also also and also planeles may also	
1	L	PHYSICIAN'S FREDE NAME (Type) FREDE BURIAL, CREMATION, 226 I	ne 27,1956	22c. NAME OF CEME		7	22d. LOCATION Annapo BY REGISTRAR	lis, Ma	or county) Toyland STRAR'S SIGNATI	(Stole)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5942

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (F	HOME) OF DECEAS	ED- COUNTY (
CITY (If outside corporate limits, write RURAL and J LENGTH OF STAY	CITY (If outside corpora	ate limits, write RUR	AL and give nearest to	wn)
OR give nearest town) (in this place)	OR TOWN	1.7	6	
HOSPITAL OR	STREET	(If rural, give l	ocation)	^
INSTITUTION OR STREET ADDRESS	ADDRESS V 901	DA	7	
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE /(M	onth) (Day)	(Year)
(Type or Print) Mary	Red	DEATH /	ne /	19 0
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last hirthday	If under I year Hun Months Days Hou	der 24 hrs irs Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on done during most of working life even pretired) INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN O COUNTRY?	F WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME_		
andrew Wilson	Margare	Slewat		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	/	1 0	
(Yes, no, or unknown) (If yes, give war or dates of service)	When Keed	me Kees	port Ta	
18. MEDICAL CE	RTIFICATION		2	D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11 1.		INTERVAL I	
Congression 1	Least Ma.	De . 46	1000mil 56	2
Immediate cause	- Can	comment.		do
Antecedent cause(s)	1 1 ml .:	Pine!	13m	mate
Diseases or conditions, if any, (b) giving rise to the above cause		201		
stating the underlying cause last	7.1. J. T.	(1.0.	n. 11:	
11. OTHER SIGNIFICANT CONDITIONS	press carret	Carroll Harry	week- Keller	V
Conditions contributing to the death but not				
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTO	PSY1
			Yes 🗆	No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR T	OWN) ((COUNTY) (STA	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
INJURY m. Work At work				
22. I hereby certify that I attended the deceased from May 2.	3, 1956, to June	7 1055 that	T last sam the de	
22. I hereby termy that I attended the deceased from several	1 4 5 / W. J. J. W. J. W. J. W. J. W. J. W.	tieni, 19enini, tuat	I 1921 SAM CHE GE	ceased
alive on	m., from the	causes and on the	date stated above	e.
SIGNATURE (Degree or title)	ADDICESS	11 . 1	DATE S	IGNED
Kuril (wero, m. d. op	enono form	17,149.	6/7	156
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY L	OCATION (City, tow	n, or county) (State)
REMOVAL (Specify) June 8 66 Nomester	d (em)	Me Koespo		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21-PUNERAL DIRECTO	R	ADDRES	SS
Se SCO ATTO GERMEN	1188. 1 Therend	1800 3113	2 disease 1	UA

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND City Md. Baltimore b. CITY OR TOWN III outside comparete limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest leven) Baltimore hours Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? 812 S. Conkling St. YES NO 2624 Liberty Parkway 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED 6 30 DEATH 19 56 (Type or print) V. Rettman Nora 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH Months Days Hours 81 DIVORCED T WIDOWED T Aug. 22.1874 White yrs, Female 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Baltimore Md. at Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Parrell John Murphy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. V. Brooks 812 S.Conkling St. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying cause lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY CATION PERFORMED? NO 7 CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY DOCURRED 70e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while at work at wark p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection / Inquiry L and find that death resulted from: Natural couses ... Accident Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) urial Parkwood. Baltimore Md ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAD'S SIGNAZORE 24g. REC'D BY REGISTRAR Clarence F. Hoffmann 3218 Hudson St.

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72 hours at

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5944

Reg. Dist. No.

1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE New Jersey County Union
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reselle
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home	STREET (If rurel give location) ADDRESS 314 Chestnut Street
3. NAME OF (First) (Middle) DECEASED (Type of Print) KATRERINE L. REWALT	(Lest) 4. DATE (Month) (Dey) (Yeer) DEATH June 28, 1956
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, Specify) Married April	9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	11. BIRTHPLACE (State or foreign country) Pennsylvenia 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Merris Witman	Leah Fischer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 906 E. Joppe Rd.,
(Yes, no, or unk.) (If Yes, give wer or detes of service) No None None	Mrs. B. S. Barnes Towson 4. Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
21. IMMEDIATE CAUSE (A) Myrearains	infantos Shen
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ten sileroses you
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO [27]
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	Cle. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work to the work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	, 1955 , to present 19 , that I last saw the deceased
alive on 6/16 , 19.56 , and that death occurred at. SIGNATURE Emol Brann W. M.D.	ADDRESS (Street, city, lown, stele) DATE SIGNED 11.6.1 M. Carret St 7 1.5.1 S. (2.5.1.5.1.6.1)
23. BURIAL, CREMATION, PARE OF CEMETERY OR REMOVAL (SPECIFY)	(Sietz)
Removal June 28, 1956 Prall Funera	Reselle, New Jersey
DATE LIVE S 1957 Anne Max Ray	ADDRESS TOWSON, Maryland

Market C

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5945 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0593 Reg. Dist. No.

W

-1	D. COUNTY				- 11	2. USUAL RESIDENCE (M	/here decea			fence be	fore adm	ission)
	BJT.	timore		MARYLAN	ID	o. STATE Mary	land	b. COUNT	r			
	and give nectest town	el el	e RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (IF	autside cor	porate limits, write	RURAL or	d give n	eorest to	wn)
Į.		Ltimore		lyr. 3days		Ba	ltimo	ra				
1				pital, give street address)		d. STREET ADDRESS						A FARM?
		ing Greve	tate	Hospital		5205 B	ellev	ille Aven	uo			NO []
1	3. NAME OF DECEASED	Fit		Middle		Losi	4. DATE OF	Month		Day		ear
ļ	{Type or print}		rie	Certruc	de	Ritte	DEATH	June 1	9.			9 56
	5. SEX		7. MARRIE	ED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (in years lost birthday)	Months			ER 24 HRS.
	Female	White	WIDOWE			12-31-1876	6	79 yrs.	Monras	Days	Hours	Min,
	loa. USUAL OCCUPATIO	ON (Give kind of work of life, even if retired)	done 10b. K	CIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Stote	or fareign c	country)	12. CI1	IZEN O	F WHAT	COUNTRY
1	Soci	al Securit	у			Maryla	and				US	Δ
	13. FATHER'S NAME				1.	. MOTHER'S MAIDEN N	IAME					
	Geor	ge Ritte				Georgian	nna ?	Plack				
1		R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	. INFO	RMANT		Address				-
Ŀ	No			112-03-6/90	Re	cords Sprin	o Cro	vo State	Haar	44	L	
		H Enter only one car	se per line	for (a), (b), and (c).]			40 144			INTE	VAL BETWI	EEN
1		H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Bronchonneumo	ni.							
	1 903.7	DUE TO		7110000	******							
I	Conditions, if or	y, which] (b)										
	gove rise to immed (o), stating the u	iate cause		Panatura as	2 . 1.	1 0						
	couse lost.	rountying .		Fracture of r								
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	DITRIBUTING TO DEATH BU	T NOI	RELATED TO THE TERMI	NAE DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 1	P. WAS .	AUTOPSY
4	PART II. OTH										PERFO YES (X)	NO
	20g. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED.	(Ente	r nature of injury in Part	t or Part II	of item 18.) hj	Je g	oing	tc	
	CAUSE OF DEATH.		Lavato	ry patient fo	e.11	accidental	ly on	floor of	dor	mito	rv	
	20c. TIME OF INJUR		or 20d. I	NJURY OCCURRED 20e. P	LACE	OF INJURY (Home, form,	20f. (City	or town)		unty)		(State)
	1:20 FORK	5-21- 19:	56 While	Nat while for rk of work	HÖ	street, office bldg., etc.)	Cat	onsville	Bal	time	re	Md.
	21. I certify th	at) taak charge	of the r	emains described al	ogve	, held an Autapsy	/ bel. Ir	nspection \square .	Inqui	ry 🕞	and i	find that
]. Accident 🔂, S					ause 🔚].		
1	1	U1 1.	7	11. 11	*	_						
١	SIGNATURE	Lev.	N	1 Ciepa	سے ا	LD, CHIEF MEDICAL EX	AMINER [/ '	DATE S	
.0	PV a salliphia	<i>a</i>		0 6		ASSISTANT MEDICA	L EXAMINE	R 📑	A	411	12	0,50
	EXAMINER'S NAME (Type)	Geo M. Ki	effe:	*		DEPUTY MEDICAL E	XAMINER [1-			- / (1-06
2	2g. BURIAL, CREMATION	1		22c. NAME OF CEMETERY C				TION (Cily, lawn, 6			(State	•)
	BUT IST	June, 22	"195	6 Woodlawr	1 C	emetery	Nood]	lawn,Bal	to.	p.	Md	•
3	3. FUNTERAL DIRECTOR!	/		4510 Libe	me	24a. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATUR	E	
1	Solikus 1	MUNTE	au.		1 3	DATE /	-23-	56 Hick	mile	41	Jak.	./

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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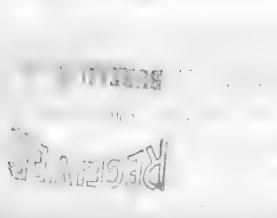
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5830 CERTIFICATE OF DEATH

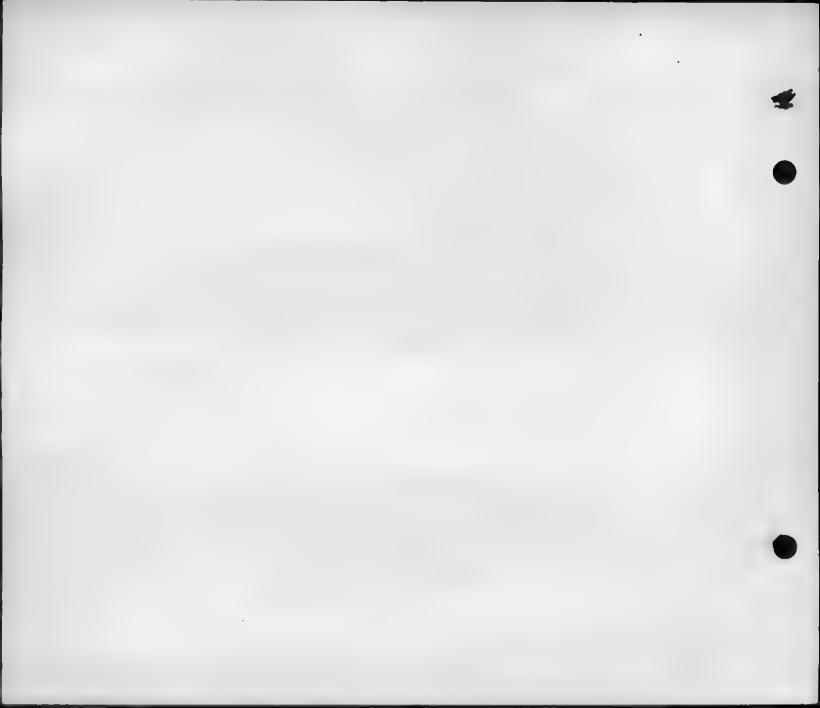
Reg. Dist. No.

	,	3. 2.00. 2.00
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEA	COUNTY
DEL CIMOPE MARYLAND	, Mary Land.	
OR give nearest town Arbutus LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RU OR	RAL and give nearest town)
TOWN Arbutus 27 yrs	TOWN Arbutus	
HOSPITAL OR INSTITUTION OR	ADDRESS (II rum, giv	
STREET ADDRESS	1239 Maiden	Choice Lane
J. NAME OF (First) (Middle) DECEASED Desired to Decease Deceas	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Pauline M. E. Roetling	DEATH TI	ine 14 1956
5 SEX 6 COLOR OR BACE 7 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthde	y I f under Lyear H under 24 bra.
Female White WIDOWED DIVORCED, (Specify) Widowed	Dec. 8, 1868 88 yr	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	New York State:	COUNTRY?
Home Duties	14. MOTHER'S MAIDEN NAME	
August Stuermer	Augusta Schmidt	
15 Was They agen Eury IN II S ARMED FORCEST 16. SOCIAL SECURITY NO	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of service)	Pauline G. Roetling 12	K9 Meiden Choic
18. MEDICAL CE		Lane
	1446 9 000 4 8 9 0 4 1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
//. / /-		
Clubo Vascu	lar accuslent	2 und.
Immediate cause (a) Culto Vascu	lar acouster?	2 wul
Antecedent cause(s) Diseases or conditions, if any, (b)	es occused	2 week
Diseases or conditions, if any. (b)	en Occusent	2 week
Diseases or conditions, if any, (b)	esis	2 week
Disease or conditions, it say, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	esis	2 week
Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	to acouster?	2 week
Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		2 couls
Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Discarce or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)		2 week. 20. AUTOPSY! Yes D No ST (COUNTY) (STATE)
Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	Yes No S
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Disease or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the dentib but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) HOW DID INJURY OCCUR? 1., 1934, to	(COUNTY) (STATE) at I last saw the deceased he date stated above.
Disease or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) HOW DID INJURY OCCUR? (1924, to	Yes No Mo (COUNTY) (STATE) at I last saw the deceased
Disease or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the dentib but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) HOW DID INJURY OCCUR? 1., 1934, to	(COUNTY) (STATE) at I last saw the deceased he date stated above.
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Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) HOW DID INJURY OCCUR? 1., 1934, to	Yes No Section No Sect
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Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) HOW DID INJURY OCCUR? 1., 1934, to	Yes No Section No Sect

The correct age Z. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every ifem of information carefully.

MARGIN RESERVED FOR

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05934

5947 CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH	2.	USUAL RESIDENCE	HOME) OF DECEASED	1.
COUNTY Baltimore M.	ARYLAND	STATEMURYLANI	d COUNTY AME	Arundel Go
CITY (II outside cosporate l'mits, write RURAL LEN	GTH OF STAY	CITY (If outside corporate lin	nils, write RURAL and give near	st town)
OR and give neerest town TOWN Mt. WILSON	n this place)	Town Pasa	idena M	1d.
HOSPITAL OR		STREET	(If rural give location)	
STREET ADDRESS Mt. Wilson State H	ospital	ADDRESS Md.	Yacht Ullub	lumin .
3. NAME OF (First) (Middle)	(Lost)	. 1) 4	. DATE (Month)	(Day) (Year)
(Type or Print)	K (1) 65	ell	DEATH (3 10 560
s. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M OWN	iel 8. DATE OF BIRTH	1/200	GE lest birthdey IF UNDER : Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF B	USINESS 11. BI	RTHPLACE (Stella or foreign cou	intry) [14] [12.	CITIZEN OF WHAT
done during most of working life, evan if OR INDUST	7	tim whalis	MILE.	CALLERY A.
12 CATHEDIC MAME	14	. MOTHER'S MAIDEN NAME		
James Wesley		tora 1.1	wmy	
	AL SECURITY NO.	17. INFORMANT & ADDRE	SS	
(Yes, no, or unk.) (If Yes, give war or detas of service)	me	Hospita	al records	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. MEDICAL CERTIFIC	EATION		ONSET AND DEATH
Fot	al la DAMILA	rhage I find	Pana MANUALA	
IMMEDIATE CAUSE (A)	a secoure	Torus June	100000000000000000000000000000000000000	
ANTECEDENT CAUSE(S) DUE TO FOLA	DIENHAMARA	bulmana	May In Derson	1hi-
DISEASES OR CONDITIONS, IF ANY, (B)	2-00V-VVV 000 <u>V</u>	- HUNSVINIO C. W	101101101	V-31/.)
STATING UNDERLYING CAUSE LAST, DUE TO		•	V	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPE	RATION			20. AUTOPSY?
nune	nme			YES NO
216. ACCIDENT WAS UNDER YING 21b. PLACE (Home, term, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bit (IF EITHER, NOTIFY MEDICAL EXAMINER)		HERE DID INJURY OCCUR? (C	ity or town) (Count	y) (Stefe)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY		OW DID INJURY OCCUR?		
M. White	Not while at work			
22. I hereby certify that I attended the deceased fr	om 5-31	9 2 6 , 10 6 - 3	9.50, that I	ast saw the deceased
alive on 6-3, 19 56, and that of	leath occurred at	A.M. from the causes	and on the date stated	above.
SIGNATURE	•		(Street, city, town, stata)	DATE SIGNED
William Murany	M.D.	Mt. Wilson	Maryland	
	AE OF CEMETERY OR CREMA	TORY LO	CATION (City, Jown, or county)	(State)
REMOVAL (SPECIFY) 6-5-56 194	illeum Men	noval 9	Millersurfl	e mid
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25.	FUNERAL DIRECTOR'S SIGNA	JURE 1 A	DDRESS
DATE 6/4/1956 Dorothy new	ell illy	em M. Jeugle	yours chim	capital He
//		.7		

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0593	5
-	5948 CERTIFICATE OF DEATH Reg. Dist. No.	30
director with	1. PLACE OF DEATH O. COUNTY Prochlyn Balto. Pfing from State Kingstefmaryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odm o. STATE Noveryland b. COUNTY Brocklyn	-
the fun deadth	d. NAME OF HOSPITAL (If not in hospital, give street address)	esidence
in by t	Spring Prove State Resported 3440 2ml St. ON YES	A FARM?
illed in	3. NAME OF DECEASED (First Schley Last 4. DATE Month Day OF DECEASED (Type or print) Oliver Schley DEATH G. 2.	Year 19 5 6
d within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED DIVORCED 1878 973. Months Days Hour	DER 24 HRS
nd com	100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mary Land State 12 CITIZEN OF WH. Mary Land State 12 CITIZEN OF WH.	
sician of e carbo	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HATTISON	
ing physic remarks 72 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ves. no. or unknown (If yes, give wor or dotes of service) 16, SOCIAL SECURITY NO. 17. INFORMANT Family 18. 19.	,
he deat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AN	PETWEEN ID DEATH
ires that the ermit. The note of even	Conditions, if any, which gave rise to immediate DUE TO DUE TO General differencelerors out devere. Strep	elyen
w requirion. seen sig onsit p	lying couse last. (c)	VZQOTIA 2
The la g phys hos b vrial-tr moval	7 3 Machanity Tion YEST	FORMED?
tendin ificate the by	20a. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	
PHYSIC to or of this cert or use os remotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. While at work at work at work (County)	(State)
hospi hospi ched fo	21. I certify that I attended the deceased fram. 573-6, 1936, to 6/3, 1956, that I last saw the alive an 6-2, and that death accurred at 92/57M, from the causes and an the date sta	
PR CTC	ACTUAL SIGNATURE L'Illiams M.D. Spring Drove State Hospital	DATE SIGNED
PITAL (RAL DI should stror pl	PHYSICIAN'S T. GLYNE WILLIAMS	
moy be page 3 the reg	C E EC Male Com America	ote)
ys A15 (4) A **	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE COLLY Funeral Ma. 130 B. Fort Ave. DATE 6/6 1/6	
15M 9/55	DATE Of 6 No Sarry	/



05936

0026	Reg. Dist. No. 71
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)
O. COUNTY BALTIMORE MARYLAND	O. STATE MARYLAND 6. COUNTY BACTIMORE
b. CITY OR TOWN IN outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
DUNDALIS	DUNDALIC
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. 15 RESIDENCE
1901 TOUSON AUE	1901 TOWSON AUG YES NO
3. NAME OF DECEASED (Type or print) PICITA RD MAX SCHU	Last 4. DATE Menth Day Year OF DEATH JUNE 17 1956
5. SEX 6. COLOR OR RACE 7. MARRIED REVER MARRIED 8	DATE OF BIRTH 9. AGE In yours IF UNDER 1YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED []	OCT 2 1878 Johnston yrs, Manths Days Hours Min.
Og. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SUPERINTENDENT CHEMICAL C	O MARY UNNO U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ERNEST F. SCHULTZE	DONT KNOW
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If	NFORMANT Address
no - 67	70 SCHULTZE 1963 TUNSONAU
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Ch ROALC	Va O ARdITIS
DUE TO S	
Conditions, If any, which) to Se NIL, +4.	
gove rise to immediate cause	
(v), noting the entertying	
	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
The Conference College Was	YES NO. DE
200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter notuse of injury in Port I or Port II of item E8.}
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a, m. While Not while of wark at wark	ry, sited, strice bidg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autapsy , Inspection I Inquiry and find that
death resulted fram: Natural causes Accident . Sui	cide 🔲, Homicide 🗍, Undetermined cause 🗍.
ma	
SIGNATURE DE AUTO MA	M.D. CHIEF MEDICAL EXAMINER
1100	ASSISTANT MEDICAL EXAMINER
EXAMINER'S M-D. DAVIS M D	DEPUTY MEDICAL EXAMINER (I)
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
BURIAL JUNE 20.1954 CEDAR H	1/LL BROOKLYN MO
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ULLRICH FUNERAL HOME 2/12 P	UnDis 4(DATE 6-21-56 Now. M. Kelly, X)

VS. A15ME(5) 5M 9/55

. 78 (17)

ADDRESS

24o, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4 15M 9/55

24

23. FUNERAL DIRECTOR'S SIGNATURE



~	1, 1	COUNTY BO	timore		MAR	YLAND	o STATE Maryl	here decease	d lived. If institute b. COUNT	ulion-Residen	ord	lmission)
M 32	-	Catonsvi	TTG SS. Mo.		c. LENGTH OF STAY	Y IN 1b	e. CITY OR TOWN (IF Bel Air	outside corpo	prote limits, write	RURAL and 1	give negrest	town)
*	S	NAME OF HOSP	TAL (If not in hospital, p Ve State 110	spital	ldress)		d. STREET ADDRESS 533 Pock St	ring	Pond		0	RESIDENCE
		NAME OF DECEASED Type or print)		mas	Middle P	•	Shanahan	4. DATE OF DEATH		enth 5	26°	Yeor 19 56
	5. 9	M	6. COLOR OR RACE	WIDOWED	DIVORC	ED 🗌	DATE OF BIRTH 6-13-1881		9. AGE (In year last birthday) 75 yr	Months		NDFR 24 HRS
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	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
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,		, no, or unknown)	Iff yes, give wor or dates of s	service)	OCIAL SECURITY NO	Νε	ngaret E. S	hanaha		Bell	Rock Ar,	
			ATH [Enter only one co ATH WAS CAUSED BY:	Those	for (a), (b), and (c)).]					INTERVA ONSET	L BETWEEN
		44	DUE TO	,	diac Dec	ompens	ation					
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5		200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCR	IBE HOW INJURY (OCCURRED.	(Enter nature of injury in	Port I or Par	t II of item 18.)			
5	MEDICAL	20c. TIME OF INJU Hour a. js. p. m.	RY Month, Day, Ye	While	URY OCCURRED Not while at work	20e. PLAC	E OF INJURY (Home, for ry, street, office bldg., el	n. 20f. (Cit	y or town)	(0	County)	(Stote
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		alive anT	une 26	12.55	\geq , and tha	t death o	occurred at 7:30		n the causes lireel, city or low		ne date s	tated aba
		ACTUAL	Stella 1	Vac	holer	AA.	Spring G					DATE SIGN
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e: MUL

St. Paul Street

TO HOSPITA
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TO FUNERAL
SS/6
PS/8



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ==refully. is especially import===. Physici=ns: please write the causes of death clearly ==nd legibly.

MARGIN RESERVED FOR BINDING

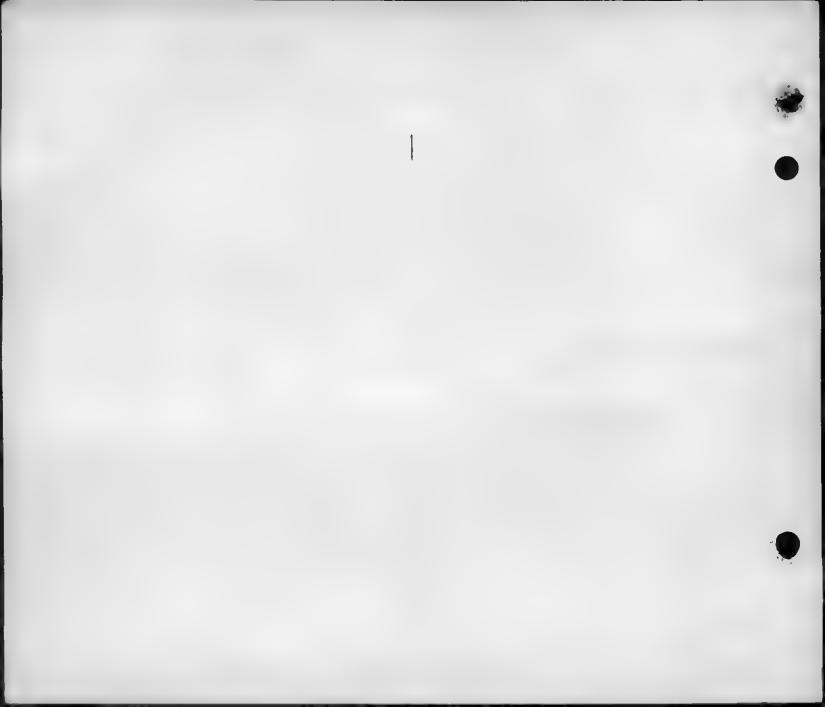
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

OEM THOM	Reg. Dist. No.	0
1. PLACE OF DEATH- COUNTY BALLING MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y CHECKER
CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Oyndalk 27 (in this place)	OR OR TOWN OF STEP P	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 STRICT AUG.	ADDRESS ROUTE # 3 Poy 2	3
3. NAME OF (First) (Middle) DECEASED (Type of Print) EMMA TRIPPIST	SIMPSON A. DATE (Month) OF DEATH JUNC	(Day) (Year) 25 1956
Fenale Color or race 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow &	1-10-1896 60 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 10b. Kind of Business or Industry 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) SOUTH CAROL NA 14. MOTHER'S MAIDEN NAME	2. CITIZEN OF WHAT COUNTRY? 4.S.
15. WALDECRASED EVER IN U.S. ARNED FORCES? 16. SOCIAL SECURITY NO.	Mantha 3	
(Yes, no, or unknown) (If yes, give war or dates of NENC	MAS SURVICELANT 207 WAINATA	J. Du & 40/12
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0000/00	ONSET AND DEATH
Immediate cause (a) Ceneprus	Thoches 4	120ays
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	landio-vascular Disease	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 136. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APTILL	4., 19.0.4., to Janes A. 19.0. he, that I last	saw the deceased
alive on 3448 34, 19.4.p., and that death occurred at (Degree or title)	ADDRESS	tated above. DATE SIGNED
23. BURIAL CREMATION DATIFIHER BOF , NAME OF CEMETE	CA48 QUANTIFICATION (City, Lawre, or coun	
DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE	CRY OR CREMATORY LOCATION (City, two, or coun	(State)
REG.	Mrs. Rolt. a, Elling	1Dg/f
	1176 VI ((121 A) (



VS A15 (4) 15M 9/55

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Reg. Dist. No.

Carroll

d. NAME OF HOSPITAL (If not in hospital) 3. NAME OF OF BITT DATE OF DEED NOTED NOTE		Catonsville	7 months	Sykesv	ille				
DECEASED (Type or prim) (Type or pri		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Pring Grove State	Hospital	d. STREET ADDRESS				ON A FARM?	
Female White WIDOWED DIVORCED 6-18-1888 Stitute Degration Divorced Divorced Country Divorced	3.	(Type or print) Carolin	е		OF		h D	56	
TRESPONDENCE NUMBER OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 197 WAS AUTOPSY YES 20 NO CONTRIBUTION EL ACUSE OF INJURY Month, Day, Vacri 197 Do. 19		Female White WIDOWE	D DIVORCED	6-18-1888		lost birthdoy) 67 9 yrs.			S
Lucius C. Smith Sarah Orchard	10	during mast at working life, even if relired)	70			entry)			RY
15. WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. Unknown Records Spring Grove State Hospital 18. Cause Of Death [Enter only one couse per line for (a), (b), and (c)] 18. Cause Of Death [Enter only one couse per line for (b), (b), and (c)] 18. Cause Of Death [Enter only one couse per line for (a), (b), and (c)] 19. PART I. DEATH WAS CAUSED BY: 10. DUE TO 10. Conditions, if only, which gave rise to immediate couse (e), stoling the under-lying couse last. 10. Cause (e), stoling the under-lying couse last. 10. ACCIDENT WAS UNDERVING Color Death BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO 20. ACCIDENT WAS UNDERVING CAUSE OF DEATH (c) OF ENTER NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Day, Year 10t work of work of work of work of work of work of work softward of work softward of work softward work softward	13								
The contribution Country Count	L			Sarah	Orchar	d			
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21. I certify that I attended the deceased from 11-7-55 19 to 6-7 19. 56, that I lost sow the deceased alive on 6-7-56 19 ond that death occurred of 2:20A.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNET SIGNATURE Stella Washelf M.D. Spring Grove State Hospital 6-7-56 PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland 220. BURIAL CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City town, or county) (Stote) FEMOVAL (Specify) 6/1/56 ADDRESS ADDRESS (SINATURE 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIGNATURE			RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I ar Part I	It of item 18.)			
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Le the Al about Heckendly was	27	REMOVAL (Specify)	22c. NAME OF CEMETERY OF	OR CREMATORY	226. LOCATIO	2 11		Stote)	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

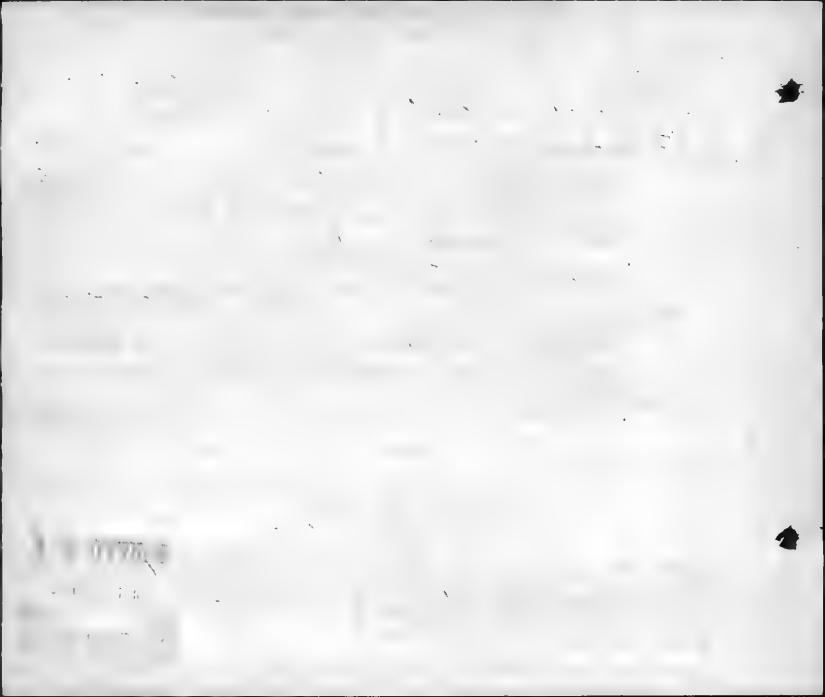
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4 ATTEMPT

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 7, FilmG199 6-27-56 et CERTIFICATE OF DEATH SORG CERTIFICATE OF DEATH
e e			5956 CERTIFICATE OF DEATH Reg. Dist. No. 35
directa	/	1. [LACE OF DEATH COUNTY BALTO MARYLAND 2 USUAL RESIDENCE (Where deceased lived If Institution, Residence before admission) O. STATE MARYLAND COUNTY BALTO
10 P	图)、		CITY OF TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b C CITY OF TOWN (If outside Corporate limits, write RURAL and give nearest town) RURAL and give nearest town? RURAL -ROCKDALE POATS RURAL - MIDDLE TOWN
by the			NAME OF HOSPITAL (If not in hosp tol. give street address) d. STREET ADDRESS P. D. STREET ADDRESS VES NO. 10 NO.
n 24 ha iilled in jes 1 an			TAME OF LOTT AND Middle LOTT A DATE Month 200y Year SECENSED Type or print) WILLAM SYITH BEATH 6 20 1956
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e b cart afte		13.	CORNELIUS SHITH 14 MOTHER'S MAIDEN NAME
ng physici re remove 72 haurs		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, OF THE MAN Address 208 LIBERTY PO
e death attendi n pleas t within			THE CAUSE OF DEATH [Enter only one cause per line for (o). (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY:
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refaine refaine (AL DIS should I			PHYSICIAN'S EDWIN LIPIERPONTIMO, 8204 LIBERTY RUBALTO 2MA
MOSP! may be r FUNER. poge 3 slibe regist	,	220	BURIAL, CREMATION, 12th DATE THEREOF 22c. NAME OF CEMETERY OR-CREMATORY, 22d LOCATION (City, town or county) (Store), PERMOVAL (Specify) (1111-23 1956 Middle Town Meth. Free Land Med.
VS A15 (4)	A34	25.	PUMERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS DATE 6/21/36 Colored And Col
13111 7733	1.		THE THE PARTY OF T



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18115945 CERTIFICATE OF DEATH Reg. Dist. No. 1 NAME OF DECEASED 2 DATE (Type or Print) and DEATH 3 PLACE OF DEATH 4. USUAL RESIDENCE (Where deccased lived, If institution; residence /A Baltimore City: Maryland a COUNTY before admission) clearly DAY B FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION deatl EE (BALL Yrs. (If rural, gire location) c Length of stay in Baltimore Causes of Days 6 COLOR OF RACE AGE (In years) LE, MARRIED if Under 1 Year DIVORCED (Specify last birthday) Months: Days Hours' Min 10A USUAL OCCUPATION (Give kind of, 108 KING OF BUSINESS OR State or forgign country) 12 CITIZEN OF NOT work done during most of a orking his, even if retired) **CUNTRY** 001 Wri'e sommer × 15. WAS DECEASED EVER IN U. S. ARMED FORCES! RECORD, BLACK INF please RECO 16. SOCIAL (Yes, no or auknown) (If yes, give war or dates of service) SECURITY NO No 422,2 Physicians: F 18. CAUSE OF INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES supplied. (B) ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (0) carefully s PERMANE RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE WITH DISEASE OR CONDITION CAUSING IT Ш OPERATION WAS RELATED TO 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WILLH 20. AUTOPSY? spe CAUSE OF DEATH, ENTER IN WAS PERFORMED PART I OR PART II 210. TIME (Month) (Day) (Year) (nour ETC. HOW DID INJURY OCCURY BE NOT WHILE! OF INJURY WHILE AT OR WORK (this hospital) attended the deceased from format 19 .. that (I) (we) last saw the deceased alive on 130 Am., from the causes and on the date stated above and that death occurred at PLEASE 23B. ADDRESS 23c. DATE SIGNED 23A SIGNATUR 0-2 item TFIC MED DIRECTOR ATTENDING PHYS. 24C NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 24A BURIAL, CREMA. REGISTRARS DATE RECEIVED BY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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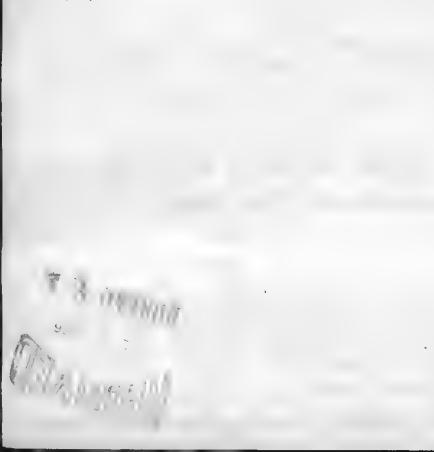
	595	3	CERTIF	ICA	TE OF D	EATH	1		1	Reg. Dis		7 7 (
1. PLACE OF DEATH 0. COUNTY	Balto.		MARYL	AND	2. USUAL RESID a. STATE	ence (Who	ere decease		institution OUNTY	Residen	ce befor	re odmiss	ion)
b. CITY OR TOWN RURAL and give	N (If outside corporate lime recrest lawn) TOWSO		c. LENGTH OF STAY II	N 1b	e. CITY OR TO		utside corpo	orate limits.	write RUR	AL and g	give nea	rest town)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospitol, 305 Duhkirk	the steed	address)		d. STREET AC		le Av	e.				e. IS RES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle R.		SPRING:	ER	4. DATE OF DEATH		Month		5,00	*	Year 19 56
5. SEX Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	-	Dec.		87	9. AGE (I last by		UNDER Months	1 YEAR Days		R 24 HRS. Min
during most of v Cake Mal	ATION (Give kind of work working life, even if retired KOT	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA	CE (State o	or foreign c	ountry)		12. CIT	IZEN O	F WHAT	COUNTRY
13. FATHER'S NAME Eugene	D. Springer				14. MOTHER'S								
	EVER IN U. S. ARMED FOR	RCES7 16.	SOCIAL SECURITY NO.	1	rs. May	S. Es	cavai	lle -	Addres 305		irk	Rd.	#12
Conditions, it gave rise to case (o), stoti lying couse to	ng the under-		CONTRIBUTING TO DEA									P. WAS PERFO	
- 1	WAS UNDERLYING THE NO. CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of	injury in P	art I or Par	1 II of item	18.)				
20c. TIME OF IN.	m, 18	While	NJURY OCCURRED No! while of work	20e. PLA fac	ICE OF INJURY (H tory, street, office	iome, farm, bldg., etc.)	20f. (City	or town)		(C	ounty)		(Stote)
	that I attended the une 4 Lloyd Lloyd E. S	19:			, 19 49 occurred at 3 N.D. 390 Bal	:45P 2 Gr		n the ca treet, city o DUNT	uses and town, sto AVE	d an th	ne dat	le state	d above
270. BURIAL, CREMA REMOVAL (Spec Burial	TION, 226, DATE THERE	OF	22c. NAME OF CEME		C.em.		22d. LOCA Ba	TION (City,	fown, or	county)	1.	(State	:)
23. FUNERAL DIRECT	OR'S SUGNATURE	V XI	ADDRESS OF	力	1 / 4 // [24a. REC'D	BY REGIST	RAR 24	b. REGISTS	-	SNATUR	E	

VS A15 (4) 15M 9/55

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	Items 3,8,9: film GI98 6-18-56LCERTIFIC	Reg. Dist, 199, Ook
	Baltimore MARYLAND	a. STATEMAR Yland b. COUNTY Palty the A. A.
TIX	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltirrore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Augsburg Home	d. STREET ADDRESS Round Bay, Severna Park o. 15 RESIDENCE ON A FARM? YES NO
3	3. NAME OF DECEASED (Type or print) Howard Henry Benson	Stowe 4. DATE Month Day Year DEATH June 9 19 56
5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	8. DATE OF BIRTH 1872 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
/[7	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during med of working life, even if relired)	
1	3. FATHER'S NAME Daniel Stowe	14. MOTHER'S MAIDEN NAME Elizabeth Walker
7	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (19 yes, give wor or date of service) None	INFORMANT T. W. Katenkamp - 6811 Czempfield Rd.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 171 - Interior DUE TO	- Sclerati Geart Interval Between ONSET AND DEATH
1)	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Lentrites & months
()	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT REMATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1000	20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the Hour a. 51. Hour a. 51. 19 While Not while for wark at work	LACE OF INJURY (Home, farm, cotary, street, office bldg., etc.) (City or town) (County) (Stole)
		h occurred otM, fram the causes and on the date stated obave. ADDRESS (Street, city or town, state) DATE SIGNED
- /	SIGNATURE - Sail A. Thembers	M.D. 4108-LIA EARTY-HEIGHTS 6-11-36
	PHYSICIAN'S DR. EARL L CHAMBER	
2	20. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Burial 6/12/1956 Mount Oliv	PR CREMATORY 22d. LOCATION (City, town, or county) (State) re Cemetery Randallstown, Md.
-	3. FUNERAL BIRECTOR'S SIGNATURE PUR RESS	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	_	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
عدر و		Ľ	5963 CERTIFICATE OF DEATH * Reg. DIA. N	951
Page director		1.	PLACE OF DEATH o. COUNTY Dalthors MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before STATE b. COUNTY D. COUNTY	Υ
	1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give no RURAL and give nearest town)	earest town)
by the fa	,*		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO P
illed in			NAME OF DECEASED (Type or print) (100) (11) EV Janes St. DEATH (100) TO	Day Year
le≡ly f s. Pag		5.	SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIETH 9. AGE (In yours lift UNDER 1 YEA lost birthdoy) WIDOWED DIVORCED 12 5 7 7 7 7 7 7 7 7 7	R IF UNDER 24 HRS.
e executed and c≡mp bon paper it death.	1	100		OF WHAT COUNTRY?
hysicion on move carbo		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME /	
ing physics removes the following the follow		1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give wer or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT Address College No. or unknown) [If yes, give were or dates of service] 16. SOCIAL SECURITY NO 17. INFORMANT ADDRESS COLLEGE NO. OR INFORMANT ADDRESS COL	BK, NE
the otten. Then pleaser			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident 3.3/ X DUE TO	TERVAL BETWEEN
igned by permit.			Conditions, if any, which gove rise to immediate couse (a), stating the under DUE TO	
physician as been s ial-transit	0	CATION	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES A NO
ending ficom ficom ficom or ren		CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
rntsic ial or att this certi r use as emotion,		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not while of work of twork of two twork of two twork of two	(Stote)
After After ched fo urial, a			21. I certify that I attended the deceased from Person 195%, to 195%, to 195%, that I last s alive on 195%, and that death occurred at 195%, from the causes and an the deceased from 195%, and that death occurred at 195%, to 195%, that I last s	
M ALC ad by RECTO be deto ior to be	1		ACTUAL SIGNATURE	DATE SIGNED
retoine RAL DII should istror pr			PHYSICIAN'S MI COM N. Karry 1, ACT	
moy by Fune page 3		1	SEMOVAL (SPECIFY) 26. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Slate)
VS A15 (4) 15M 9/55	1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS' 240. REC'D BY REGISTRAR 26. REGISTRAR'S SIGNATURE DATE 7/2 /5 6 77 5 24 25	IRE TIME
	7	-	0.004-4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5965 CERTIFICATE OF DEATH

05953 Reg. Dist. No. 44

		PLACE OF DEATH	ALTIMORE		MARY	- 11	. USUAL RESIDENCE (W		l lived. If instituti b COUNTY		nce before	n admissi	on)
X		b CITY OR TOWN (III RURAL and give no	outside corporate limit crest town)	s, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (IF	outside corpoi	rote limits, write F	URAL and	give near	est town)
^		FORT HOWAL			22 DAYS		ANNAPOLIS						
Δ		OR INSTITUTION	AC (If not in hospital, gi ADMINISTRAT				d STREET ADDRESS 156 BEST	GATE R	DAD			ON A	FARM?
	1	NAME OF DECEASED (Type or print)	fin HERBER		Middle J		iost TILLMAN	4. DATE OF DEATH	June		Day	4	1956
	5. 9				RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years				
		MALE	COLORED	WIDOWE	ED DIVORCE	II.	7-1-86		lost birthday) 69 yrs.	Months	Doys	Hours	Min,
	10a	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS O	RINDUSTR	11. BIRTHPLACE (Slote	or foreign co	untry)	12. CI	TIZEN OF	TAHW	COUNTRY
Y		Cook	mg mo, oran ii rainad)		Unempleyed		ANNAPOLIS				U.S	.A.	
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN					2	
		JAMES TIL	LMAN				MARY BIGG	S					
		WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INF	RMANT		Add	ress			
/	{Ter	TES V	it yes, give wor or dates of to WW - 1	បា	NKNOWN		N. REC., VET	. ADM.	HOSP.,F	ORT H	OWAR	D, M	D
			H WAS CAUSED BY:		carcinomal						ONS	RVAL BET ET AND MON'I	DEATH
			IMMEDIATE CAUSE (o)		ONITO ANOTHER	CODED						MONT	.no
		C #11 11	DUE TO										
		Conditions, if an	nmediate (
		couse (o), stating t lying couse lost.											
	z		SP SIGNISICANT CONT		CALIFORNITING TO DEA	THE PLUT AND	OT RELATED TO THE TERM	14.14.1 DIRECTOR					
۲.	CATIO	PART II. OTH	EN SIGNIFICANT CONL	MIONS	ONTRIBUTING TO DEA	UH BUI NO	N KETATED TO THE LEKW	INAL DISTASE	CONDITION GIV	IEN IN PAR	11 1(0) 19	PERFOR	RMED?
	CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OF	CURRED. (Enter noture of injury in	Port I or Port	II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour a. n.	Month, Day, Yea	While	NJURY OCCURRED Not white	20e. PLACI factor	OF INJURY (Home, form y, street, affice bldg., etc	n, 20f. (City	or town)	{	County)		(Stote)
	~		Transacture and the			oj.	, 19 56, to J	1120 J.C	54				
		zi. I cerrity inc	and Profite and the	decease	ed from, AMALY &	113	, 19 <u>, 10 </u>	une 12	19.20	- Nordek	DENCHAR	oche	desens
		THE PROPERTY OF SECTION AND ADDRESS OF SECTION ADDRESS O	opposition (space, and that	death o	ccurred at 12: 55		the causes creet, city or town,		he date		
,		ACTUAL SIGNATURE	Dyan	No	woh	M.1)	Whokess (20	ser, city of rown,	\$10 1e)		DA	ITE SIGNE
		PHYSICIAN'S W	ALTER J. P.	IJANC	OWSKI, M. D	•	FORT	HOWAR				6/1	6/56
	220	BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREON	~//	22c. NAME OF CEME Annapoli		REMATORY ional Cemete	1	ion (City, town, connapoli:	or county)		(Stote)
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS ANN			D BY REGISTI		STRAR'S SIG			
	1	WM. REESE	MORTUARY.	108 W	V-WASHINGTO	N ST	DATE (inte

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	•
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re

	MEDICA	L EXAMINER'S	CERTIFICA	TE OF	DEATH	05	954
	2999		H			Reg. Dist.	
1. PLACE OF I			2. USUAL RESIDENCE (sed lived. If institu b. COUNT	v	
	Baltimore	MARYLAND	Mer.	rland		Dal 6.	imore
b. CITY OR ond give r	TOWN (If outside corporate limits, write RURAL regrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside cor	porate limits, write	RURAL and gir	re neorest fawn)
	Reisterstown	65 yrs.	Reisters	town			
d. NAME O	F HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS				ON A FARM?
			Montros	e Sch	1001	·	YES NO T
3 NAME OF -DECEASED	First	Middle	Lost	4. DATE OF	Month		Day Year
(Type or pri	m) Mamile	Cecelia	Tovel1	DEATH	Jun	e le	6 1956
5. SEX	6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH		9. AGE In years	IF UNDER TYE	
Femal	e White WIDOWER	DIVORCED 🔲 M	arch 26, 1	891	65 yrs.	Months Day	rs Hours Min.
100. USUAL O	CCUPATION (Give kind of work done 10b. K of working life, even if refired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign (pountry)	12. CITIZEN	OF WHAT COUNTRY?
Teac			Reisters			U.	S. ·
13. FATHER'S			14. MOTHER'S MAIDEN				
Jose	oh F. Eline		Oliva Sel	hv			
15. WAS DECE	ASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	HORMANT	. D.y	Address		
(Yes, no, or unknown)	(If yes, give war or dates of service)	м	rs. G. B.	Colta	rider. R	leiste	ng town Ma
	OF DEATH Enter only one cause per line i		1 Da . U.	Otal bi	Tues, I		INTERVAL BETWEEN
	RT I, DEATH WAS CAUSED BY	nomary Embol	4 m				ONSET AND DEATH
1		HORSTLA THIDOT	7 2				5 min.
64.1							
	ns, if any, which by to immediate couse						
	the underlying DUE TO	cose veins	with phleb	othro	ombosis		12 days
Z PAF	T II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a) 19 WAS AUTOPSY
Y Y	none						PERFORMED?
PAF 200. EXTES PRIMARY 1 CAUSE OF	INAL CAUSE WAS 206 DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Po	rt I or Port II	of item 18.)		
CAUSE OF	or CONTRIBUTING D						
3 20c TIME		NJURY OCCURRED 200. PLAC	E OF INJURY (Home, for	m, i 20f. (Cit	y or town)	(County	(Stote)
20c TIME Hour			ory, street, office bldg., etc One		ne		
21. I ce	rtify that I took charge of the r	emains described above	ve, held an Autop	sy 🔲 , 1	nspection 🔼,	Inquiry	and find that
death r	esulted from: Natural causes 🖸	, Accident , Suid	ide 🔲, Homicid	e 🔲, U	ndetermined o	ause 🔲.	
ACTUAL	R. D. D. East	Ces	_M.D. CHIEF MEDICAL E	XAMINER _	1		DATE SIGNED
2 W A ALIA MI			ASSISTANT MEDIC	CAL EXAMINE	ER 🔲	6	-18-56
EXAMINE NAME (Ty		s, M. D.	DEPUTY MEDICAL	EXAMINER.	Ω		
22a. BURIAL, C	REMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)	(State)
Buri		Druid Ridg	A	Pike	esville.		Md.
23. FUNERAL D	PIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGIS		STRAR'S SIGNA	
J. F	. Eline & Sons, I	Reisterstown	, MCL. DATE (3-1R.	-56 Ma	Cl m	Eline.



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HOSPITAL

_ `		MARYLAND STATE DEPARTM 5968 MEDICAL EXAMINER		•	18 . 05956
, rollipar	-	1. PLACE OF DEATH			Reg. Dist. No. ution: Residence before admission)
-	1	Baltimore MARYLAN	o. STATE	b. COUNT	T .
4	. 1.	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearts) fown) c. LENGTH OF STAY IN 18	c. CITY OR TOWN (I	If outside corporate limits, write	RURAL and give nearest lawn)
	* /X.	Sparrows Point 8 drs.	Baltimore	e Maryland	<i>p</i>
).	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Bethlehem Steel Hosp.	d. STREET ADDRESS	ombard St.	e, is residence on a farm? Yes \(\) NO \(\)
		3. NAME OF First Middle	Last	4. DATE JULIE	h Dol 1956
		(Type or print) Albert Stansbury	Travers	DEATH	19
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	IF UNDER TYEAR IF UNDER 24 HRS
		M . Col WIDOWED DIVORCED	7-J=Oh	53 yo.	Months Days Hours Min.
	4	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ř	Crusher Op Coal Field Steel	Boltin	nore	ILS.
		13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
		Raymond Travers	Blanch	ie Travers	2
			INFORMANT	Address	
	- 1		lanche Tray	vers Came	
		18. CAUSE OF DEATH [Enter only one couse per [All for (a), (b), and (c).]			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	10 c - 01	loim	ONSET AND DEATH
-		IMMEDIATE CAUSE (a)		nua ju	
9	1	Candidana It and subtable			
d	• /	gave rise to Immediate cause			
	-	(a), stoting the underlying DUE TO			
			NOT BELLYED TO THE TERM	LA LI DISTASS CONDITIONS ON	VENTAL DADE AL TODOU
		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT KECATED TO THE TERM	MALDISEASE CONDITION GI	PERFORMED?
		5	 		YES NO
		200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OF CAUSE OF DEATH.	Enter nature of injury in Par	rt 1 or Part II of item 18.)	/
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. P. Hour o. m. While Not white for work at work at work	ACE OF INJURY (Home, farr tary, street, affice bldg., etc	m, 20f. (City or lown)	(County) (State)
		p. m. 19 of work at work			
		21. I certify that I taok charge of the remains described ab	ove, held an Autops	sy 🔲 . Inspection 🛂	Inquiry And find the
		death resulted fram: Natural causes 🔃, Accident 🔲, Si	icide 🔲 , Hamicide	e 🔲, Undetermined o	cause 🔲.
		man			4
		SIGNATURE // / COLO	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
		M.B.Davis MD	ASSISTANT MEDIC	TAL EXAMINER	0/1/17
		EXAMINER'S NAME (Type)	DEPUTY MEDICAL	EXAMINER	1.140
		220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Gliy, town,	or county) (State)
		REMOVAL (Specify)	bal, 11. 1.1.	15a / C	y 6 %
	()	23. FUNERAL DIRECTOR'S SIGNATURE ADPRESS	24a. REC	D BY REGISTRAR 246. BEGI	ISTRAR'S SIGNATURE
	1,	(-, (), (), ()/(i)/10/11	PATE	Nan	wson L. Farter
	5		THIN TO	Carl Contract	*

TO DEPUTY MEDICA CAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessar



S

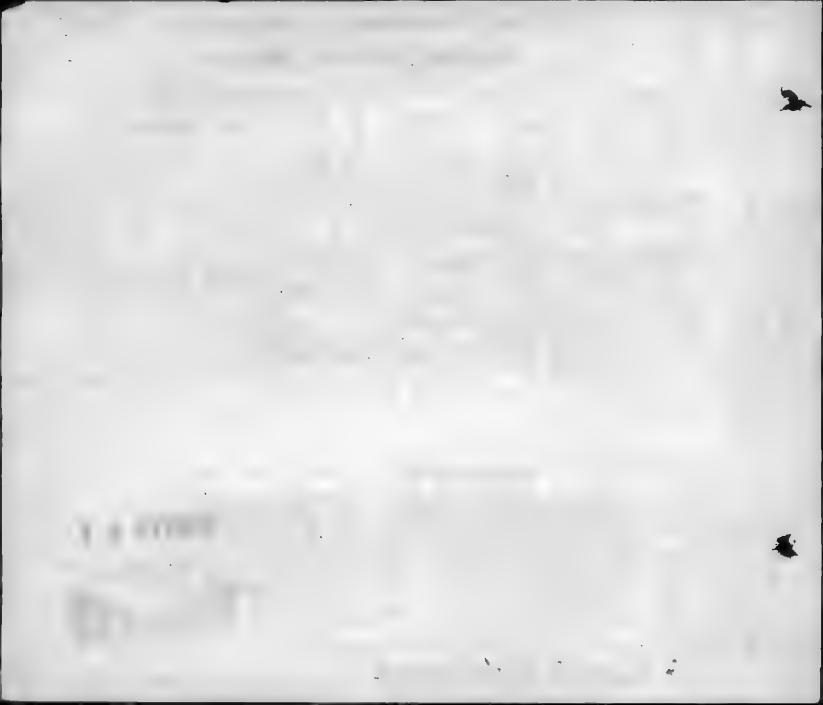
MSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05957

CERTIFICATE OF DEATH

5959	Reg. Dist. No. 34
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimote MARYLAND	STATE Md COUNTY Balto
CITY (# outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limps, write RURAL and give neerest town)
TOWN / hoc17/X /1-0415	TOWN Phoenix
HOSPITAL OR INSTITUTION OR STREET ADDRESS //al-y/auc/fuc	ADDRESS Mary and Ave
3. NAME OF DECRASED (First) (Middle) (Type or Print) Mary Library Virginia	Turnbaugh DEATH JUNC 10 1856
Female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify) w; dayed 14/	144 1870 86 yrs. Months Days Hours Min.
done during most of working life, even if retired) OR INDUSTRY	Morgan County NestOil 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Snyder	14. MOTHER'S MAIDEN NAME Elizabeth Wolfe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, not or unk.) (If Yes, give wer or dates of service) (Yes, not or unk.) (If Yes, give wer or dates of service)	Jon Morgan Pearce - Phoenix Hd
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE (A)	Jascular accident interval BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	is schools oruzys
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIOENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? [City or town] (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21e. INJURY OCCURRED While Not white et work	216. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	/ 1. — A
SIGNATURE , , and man dearn occurred and	ADDRESS (Street/A)/, towns stell ADDRESS (Street/A)/, towns stell ADDRESS (Street/A)/, towns stell ADDRESS (Street/A)/
Walter 1. Tues	la land wello her land in the
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, pr county) (S'arts)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 6/	25. FUNERAL DIRECTORS, SIGNATURE ADDRESS!
DATE Solve 13 51 M. Elizabeth Garage	I Scott Be worked Sharles ones



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
· ee		5970 Items 2,7,1 CERTIFICATE OF DEATH ()5958 30
Poge with the state of the stat	1	PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b COUNTY ATTUAL BUILDING CO
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Callour and give nearest town Callour and give nearest town
by the		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION. ON A FARM? VILLE 71C LOVICLE CONTROL OF TOWNS. ON A FARM? VES D NO
24 hau Med in	3	NAME OF DECEASED (Type or print) 1 3 5 bh V 4 A 5 A A T V B DEATH JUL 23 1956
within letely fi s. Page	5	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
nd cample papering death.	1	Oa. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
o 2 2 2	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
g physician remave car 72 havrs aft		S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Ves. no. or unknown) (If yes, give wor or dotes of service)
attending ottending n please r		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) He bi Degid Right ONSET AND DEATH
es that the deby the mit. The any event		443x DUE TO Conditions, if any, which gove rise to immediate (b) Hypertensive Cordio Vasculat
require ian. in signe nsit per and in		lying cause lost. DUE TO V D S 2 d S 2
The law physic has bee rial-tra maval,		
tending ficate ficate the bu	A CEOTIE	
PHYSIC lal ar al this cert ir use as	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Hour a. m., 19 While Not white of work at work.
spin firer iched fo urial, cr		21. I certify that attended the deceased from
RECTOR Be deto iar to b		ACTUAL SIGNATURE ACTUAL M.D. 1707 Edming AVE DATE SIGNED
relaine RAL Dis shauld strar pr		PHYSICIAN'S W. E. Mc Grath Catons Ville 28mc 1973
O HOST may be page 3 file reg	2	20 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county). (State)
YS A15 (4) 15M 9755	2	ADDRESS ADDRESS 24a. REC'D BY REGISTRAR 24b. REC'STRAP SIGNATURE LEVEL 1/4 /4 M. REC'D BY REGISTRAR 24b. REC'STRAP SIGNATURE LEVEL 1/4 /4 M. REC'D BY REGISTRAR 24b. REC'STRAP SIGNATURE DATE: 0.6. HERRY
	,	

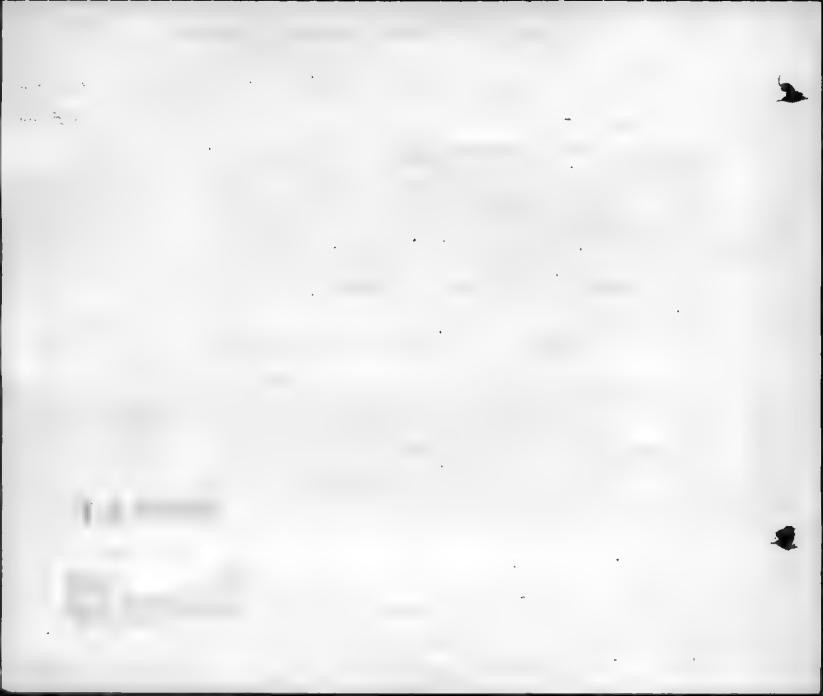


			MARYL	AND STA	ATE DEPART	MENT	OF HEALTH	-BALTI	MORE, 1	8 ()	5959	
	L		5971		CERTIFI	CATE	OF DEATH	1		Reg. Dist.	No. 30	
	1	COUNTY Bal	timore		MARYLAN		AL RESIDENCE (WHATE Maryla	ere deceased l	b. COUNTY	n: Residence	before admir	sion)
1		CITY OR TOWN (If autside corporate limit	s, write c. LE	NGTH OF STAY IN	ხ c. C	ITY OR TOWN (IF a	utside carporat	e limits, write RL	JRAL and giv	e negrest law	n)
)			onsville	53	yr3mos5day	s	Balti	more			* 8	*
į	L	OR INSTITUTION	Spring Grove	e street oddres	") Hospital	d S	TREET ADDRESS 516 N	. Curl	ey Stree	t		SIDENCE A FARM? NO [X]
	3.	NAME OF DECEASED	fin		Middle		Lost	4. DATE	Mont		Day	Year
		Type or print)	Mild	red		Ma	lson_	OF DEATH	June	1.		19 56
1		Female	5.7% J. d	7. MARRIED WIDOWED K	NEVER MARRIED		OF 81RTH 17-1889	9.	AGE (In years lost b'rthday)		YEAR IF UND	ER 24 HRS.
13	100	. USUAL OCCUPATION	ON (Give kind of work d	ane 10b. KIND	OF BUSINESS OR IN			or fareign coun		12. CITIZE	EN OF WHAT	COUNTRY
25		Houseke	king life, even if retired)				Maryl	and			USA	
	13.	FATHER'S NAME				14, MG	OTHER'S MAIDEN N				004	
			Tames Walsor	1			Anna D	eJoy				
	15. (Ye	WAS DECEASED EVE	R IN U. S ARMED FORCE	ES? 16. SOCIA	L SECURITY NO. 1	INFORMA	NT		Addre	263		
^		No			nown	Rec	ords Spri	ne Grov	e State	Hespi	t.a.l	
			ATH [Enter only one can	ise per line for ((o), (b), and (c).]						INTERVAL BI	
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DĄ	abetic Com	na					ONSET AND	DEATH
			DUE TO									
		Canditions, if a		Dia	betes Mel.	Litus						
		gave rise to i cause (a), stating										
	-	lying cause last.) (c)									
*	CATION		HER SIGNIFICANT COND	HTIONS CONTR	BUTING TO DEATH	BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1	PERFO	AUTOPSY DRMED?
	CERTIFI	20a. ACCIDENT WA	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE F	HOW INJURY OCCU	RRED. (Enter 1	nature of injury in P	ort I ar Parl II	af item 18.)			
	MEDICAL	20c. TIME OF INJUI Have a. ji. p. m.	tY Month, Day, Yea 19		Not while	PLACE OF It factory, street	NJURY (Home, farm, et, affice bldg., etc.)	20f (City or	tawn)	(Cou	inty)	(State)
			at I ottended the	deceased fro	om 7-1-	1	9.53, to 6-	1.	10.56	Abot I I-		1 .
		olive on 6-			_, and that de							
				•		MI OCCOIT			t, city ar town, s			eu obove Ate signe
/		ACTUAL SIGNATURE	Rucea	Wach	rlis	ALD.	Spring Cr				6-	1
		PHYSICIAN'S	C+ 33 77					, al in al		rake ir Siebe		*******
		NAME (Type)	Stella Wac	hsler, l	M. D.		Catonsvil	le 28.	Marylar	<u>d</u>		
	220	BURIAT, CREMATIC	N. 226. DATE THEREOI		W. of War &	5 a A	hadicine	22d. LOCATIO	N (City, town, or	county)	(Stat	•}
	23.	FUNERAL DIRECTOR	7 7 7		ADDRÉSS	0		BY REGISTRA	R 24b, REGIST	RAR'S SIGN	ATURE	
,							DATE 6	-15-56		as Co	Flass	u
								7,0			11-000	7 1



	5972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	230U 23
=	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence bef	
1.	O. COUNTY BALL BANK BANK BANK BANK BANK BANK BANK BANK	in a sudd
-	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give no	11015
У.	and give nearest found	earest rawnj
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
M)	24 mile state of a bit 1 a T 1 - B1	ON A FARM?
3	2 NAME OF	YES NO D
3.	DECEASED	Year
5		19575
	lost britished	IF UNDER 24 HRS. Hours Min.
	110/8 V WIDOWED DIVORCED 3-27 127 - 63 yn.	
_//"	during most of working life, even if retired)	WHAT COUNTRY
	Former Morses (arrol/co. Md. 1	341
	13. FATHER'S NAME	
	Unknown Jusan Ward	
A 11	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dates of service)	
	HO. 220-09-0158 ml. Wilson Hosp, Recor	rde
	ONSE	VAL BETWEEN T AND DEATH
	PART I. DEATH WAS CAUSED BY: Sportaneous Premotheral	8 hrs?
	DUE TO 2	
	Conditions, it ony, which) to Pulmonary Intercules .	4 yra
	gove rise to immediate cause (a), stating the underlying DUE TO	7
	couse fost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 15	WAS AUTOPSY
3	5	PERFORMED?
ZIE	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18.)	
- 5	CAUSE OF DEATH. There	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
9	Hour o. m. None 19 White Not while foctory, street, office bldg., etc.)	
		and find the
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	, and find tha
	Total Court	
	ACTUAL D. D. CORLES CHIEF MEDICAL EXAMINER [7]	DATE SIGNED
	M.D.	, ,, ,_
		6-16-56
22		
**	220. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATION (CIT. town, or obunty)	(Stote)
77	23. FUNERAL DIRECTOR'S PIGNATURE DEPORTED DE LA REGISTRAR 240 REGISTRAR SIGNATUR	ENGLASO
, 23	Fland Boy Man all Man and Man	0
L	Frank It. Mentle, Villande DATE 6-14-36 Novalby To	ewel
,		4

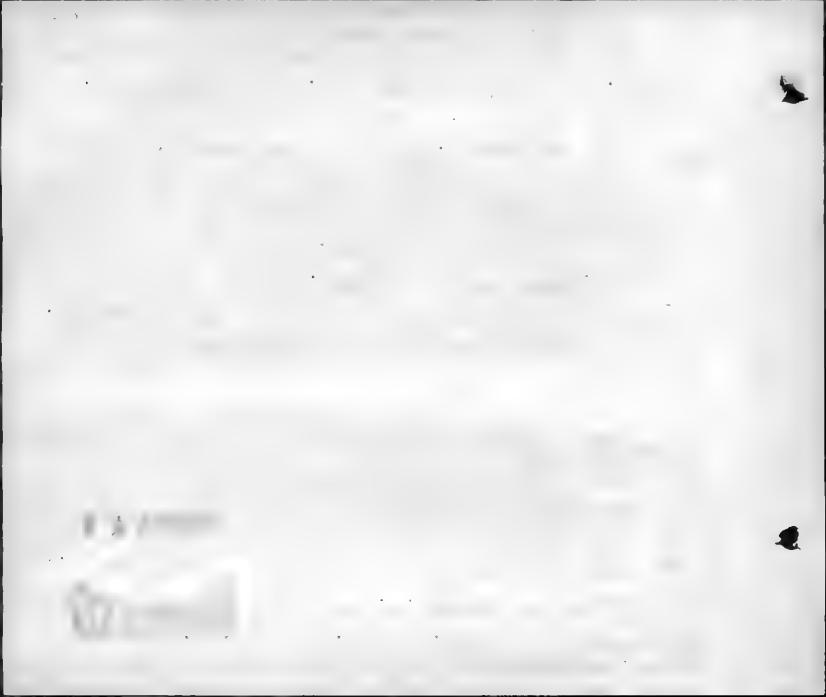
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

be filed D CV cample popers. and carbon aftending ٦ þ Ë burial-transit detach å FUNERAL DIR 9

1SM 9/SS



ONSET AND DEAT HOURS MONTH 20. AUTOPSY? NO [(County) (State) , 195 e that I last saw the deceased and that death occurred at 12:45 P.M. from the causes and on the date stated above. alive on SIGNATURE ADDRESS DATE SIGNED BURIAL GREMATION NAME OF CEMETERY LOCATION (City, town, of county) OR CREMATORY OATE REC'D BY LOCAL ADDRESS OIRECTOR REGISTRAR

(Year)

19

CITIZEN OF WHAT

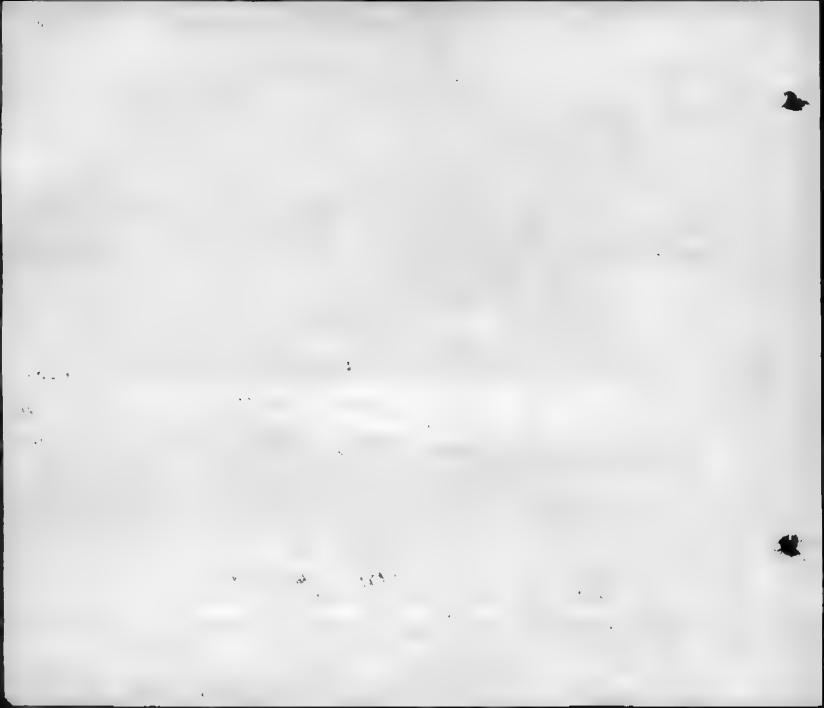
12.

IF UNDER 24 MRS

10

SE

PLEA



VS A15 (4) 15M 9/55 M

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5975	CERTIFICATE	OF	DEATH	

8 05963 Reg. Dist. No. 30

a	LACE OF DEATH	Baltimore		MARY	LAND	2 USUAL RESIDENCE OF MARY 12	oence (wh	ere decease	,b. COL	itution Residen		admission)	
b	. CITY OR TOWN RURAL and give	l (If outside corporate lim negrest town)	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)										
_	Jaronsvi.	lie, %	Glen Rurnie										
d	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d STREET ADDRESS e. IS RES						
Spring Grove State Hospital												ON A FARM?	
D	IAME OF	Fi		Middle		Los		4. DATE OF DEATH		Month	Day	Year	
<u> </u>	Type or print)		Mary				Watts					.6 1956	
5. 5	F	6. COLOR OR RACE	WIDOWE	DIVORCEI		FE 6- 1		80	9. AGE (In y lost birtho			UNDER 24 HRS.	
	10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPUCCE (State or foreign country) U.S.A. U.S.A. U.S.A.												
13 f	13 FATHER'S NAME												
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1 (Tex. no adminosm) (If yes, give wor or detes of service) Mone of the control of the													
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												
	PART I. DEATH WAS CAUSED BY: Cardio-Vascular disease												
H	LZZ, DUE TO												
	Canditions, if any, which (b)												
	gave rise to couse (a), statin	immediate	•										
	lying couse las		1										
8	PART II. O	THER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	CONDITION	GIVEN IN PAR	1 I(a) 19.	WAS AUTOPSY	
CATION		"ized arte										PERFORMED? ES NO	
RTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
- L	20c. TIME OF INJU Hour a. fi p. m	URY Month, Day, Ye	While	JURY OCCURRED Not while of work	20e. PL/ foc	CE OF INJURY () lary, street, affice	tome, farm, bldg., etc.	20f. {City	or town)	(C	County)	(State)	
	21. I certify that I attended the deceased from May 19, 1955, to Mine 16, 1956, that I last saw the deceased												
	alive on farme 10, 19, 19 and that death occurred at 755 M, from the causes and on the date stated above												
	SIGNATURE Milliam 11. Larry M.M.D. Jeme 16, 1956												
	PHYSICIAN'S NAME (Type)				_								
220.	BURIAL, CREMATI	ON, 226. DATE THERECY)	05 19 E	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCAT	ION (City, 10	wn, or county)	2	(State)	
23. F	UNERAL DIRECTO	R'S SIGNATURE		ADDRESS	7		240. REC'D	BY REGIST	RAR 24b. I	EGISTRAR'S SÍG	SNATURE		
	17:00	directato		P. 183-1	We .	~ 12. VA	BATE (210	6 9	actor)	(i)	Yarry	



. 2				MARYL	AND S	TATE DEPA	ARTM	ENT OF H	EALTH	I-BAL	TIMORE, 1	8	nai	964
-	!			59'	76	CERT	IFIC/	ATE OF D	EATH	1		Reg. Dist	0	704 ~
Poge 4 firector, ed with		1. (PLACE OF DEATH	to	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)								
1 2 2 2 C	fas ,			outside corporate limi	is, write c	LENGTH OF STAT	Y IN 1b	c. CITY OR TO	DWN (If o	utside corpo	role limits, write R	URAL and gi	ive nearest to	wn)
P 5 p	The same of the				t	I				Lmore				ecine, ice
ors off	, ~		OR INSTITUTION	AL (If not in hospital, a Armacost 1, 812 Regist	arsing er Av	Home		d. STREET AC	5924	Bento	n Keight	s Ave.	ON	ESIDENCE A FARM?
724 ho			NAME OF DECEASED Type or print)	KATE	ēl .	Middl	e	WERB		4. DATE OF DEATH	Mon J	n une	Day	Yeor 19 56
within etely f	8	5 5	_	6. COLOR OR RACE	7. MARRIED	NEVER MARR		8 DATE OF BIRTH	1863		9. AGE (In years lost birthday) 93 yrs.		YEAR IF UN Days Hour	
recuted cample papers eath.			female USUAL OCCUPATION Usual OCCUPATION during most of work Homemaker	N (Give kind of work a ing life, even if retired	tone 10b. Kit				CE (State	or foreign c		12 CITI	ZEN OF WH	AT COUNTRY?
be en chount rbon	P		FATHER'S NAME			-		14. MOTHER'S		IAME				
siciar e co			John Reise	nweber				Elizab	eth I	echne	r			
certific ng phys remov 72 hau		-{Yes	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. SO	DO		Mrs. Mild	red V	V. Gat	Add ch=5924		Hgts	Ave.
feath tendi pleas				TH [Enter only one co	use per line !	or (o), (b), and (c			,				INTERVAL ONSET AN	BETWEEN
the of her p			PARTI BEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0	TEI	8/1/1/VG	2/_/	ProNCI	70-1	NE 4	MONIA		12	965
es that ed by the mit. Tony eve			Conditions, if as	ny, which) (b	AL	FERIO	501	erotic	CA.	rdio	roscy	ars	1255	1041
requir		_	lying couse lost.	he under- C	91=	Nerol	170	ANTEN	1050	1/280	SISE SE	vility	10	415.
hysics best		ATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN P ART		S AUTOPSY FORMED?
AN: The anding p icate ho he burio		CERTIFICATION	20a, ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESCRI	BE HOW INJURY	OCCURRE	D. (Enter nature of	injury in F	Portoi or Por	t II of item 18.)	<i>y</i> .	113 [] NO[]
HYSICI if or other is certiff use as I		MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	/ Month, Day, Yes	While	RY OCCURRED Not while of work	20e. PL fa	ACE OF INJURY (H story, street, office	lome, form bldg., etc.	20f. (City	or town)	(Co	ounly)	(State)
Saite ter the				ot I ottended the		7		195.3	, to/	35/11	UE., 1951	that I lo	ast saw the	e deceased
School Surio			alive on_13	JUNE	1956	ond tho	t death	occurred at_		2M, from	n the causes o	nd on th	e date sto	ted above.
RECTO be det iar ta	1		ACTUAL SIGNATURE	unister	LK	Pour	Mi	J 193	8 K	ABORESS (S	Nest, city projown,	stote) Bak	Gusa	DATE SIGNED
retoine RAL DI should stror pr	ū		PHYSICIAN'S /	-AURIS	100	14.	(E	OWIY!	14/.10	<i>d</i> .	~~~~			
HOSPI noy be FUNEX oge 3 s	•	220	BURIAL, CREMATIO REMOVAL (Specify)	6/16/56	F	Parkwoo				22d. LOCA	Relto	or county)	(51	ole)
5 5 g =		23.	FUNERAL DIRECTOR		101	ADDRESS		T	24s. REC'S	D 8Y REGIST	RAR 246 REGI	TRAR'S SIG	NATURE	
VS A15 (4) 15M 9/55	N. E.	ئے	MAN.Y	MARI	ul Y	Sous-	120	Le 11/7	DATE (-19-0	6 Tha	bel (: yea	4
	1		4					rill.					1	W



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deal Physician.

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5977 CERTIFICATE OF DEATH

059654 Reg. Dist. No.

Т	o. COUNTY			2. USUAL RESIDENCE (WH	here deceased live		dence before	re admissi	on)			
L	Baltimore		MARYLAND	Maryland 6 COUNTY								
	b. CITY OR TOWN (If outside corp. RURAL and give nearest tawn)	orate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)								
	Fort Howard		16 days	Baltim	ore		3.7					
	d. NAME OF HOSPITAL (If not in h	iospital, give street	address)	d. STREET ADDRESS				e. IS RESI	IDENCE FARM?			
L	Veteran:	s Adminis	stration Hospi	tal 105 S. Ko	ssuth St	reet		YES [
3	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Do	y Y	Year			
L	(Type or print)	*ALBERT	P.	WEEKLY	OF DEATH	June	3	1	19 56			
5	S. SEX 6. COLOR C	R RACE 7. MAR	RIED K NEVER MARRIED	8. DATE OF BIRTH	9. A	The state of the s	DER 1 YEAR	IF UNDE	R 24 HRS.			
V	Male Whit			3/28/97		59 yrs.	Days	Hours	Min,			
I	On. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN O	F WHAT	COUNTRY?			
1	Construction Wor		Building	Wheeling,	W. Va.		U.S	J.S.A.				
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN N								
Т	Thomas J. Weekly	r		Mary M.	White							
Ī	5. WAS DECEASED EVER-IN U. S. AR	MED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address	-					
Ι,	Yes WW	I I	221-07-8980 CI	lin. Rec., Vet.	. Adm. H	osp Fort	Howa	ard.	Md.			
Г	18. CAUSE OF DEATH [Enter on	ly one cause per l					INTE	ERVAL BET	TWEEN			
	PART I. DEATH WAS CAU	SED BY:	IOMOLOGOUS SERV	M JAUNDICE			ONS	ET AND				
П	45/1	DUE TO						h 11 Julian	16			
Н	Canditians, if any, which)	Conditions, if ony, which) (b)										
П	gave rise to immediate couse (a), stating the under-	DUE TO										
L	lying cause last.	(c)										
1	PART 11. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN P	PART 1(o) 1	9. WAS A	UTOPSY			
	ARTERIOSCLERO	TIC HEAR	T DISEASE WITH	H MYOCARDIAL IN	NEARCTTO	V		PERFOR	RMED?			
100	PART 11. OTHER SIGNIFICA ARTERIOSCIERO 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING II CAUSE OF IIF EITHER, NOTIFY MEDICAL EXA	IG 🗀 20b. DES		ED. (Enter nature of injury in F					of Bridge			
		MINER)										
1				LACE OF INJURY (Home, form,	20f. (City or Ic	wn}	(County)		(State)			
1 5	Hour o. js.	19 While	r Not while rk at work	octory, street, office bldg., etc.	·) [
П	21. I certify that Yattend	led the decem	sed fromMay 18	. 19 56 , ta Ji	ine 3	1956 HAST	CECESAOS S	OCYOCY	acteacyan			
П	:5109:08:00:00:00:00:00:00:00:00:00:00:00:00:	Y Y Y Y Y Y Y	COCC and that deat				the det	Mary Miller	ACCOUNT.			
П		0	- 11 11			city or lown, state)	i ille dai		TE SIGNED			
П	SIGNATURE abraha	an & B	Cachele	иъ	•	,						
П	De INGLAS A COA			-m.v								
	PHYSICIAN'S ABRAHAM	POLACHEK	M. D.	VAH. For	t Howard	Maryland	1	6-3	-56			
2	20. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	HEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION	(City, tawn, or caunt	y}	(State	}			
L	Burial	1561	Baltimore Na	tional Cemeter	rv Balts	imore Mar	arl and	1				
	3. FUNERAL DIRECTOR'S SHOPE HOLE	P	4 / ADDRESS	240 REC'I		246. REGISTRAR'S	SIGNATUR	E	7			
L	Wm. Cook-Blight I	nc.,6009	Harford Ave.	Balto Md DATE	3 12	Daws	on L	The	form			

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POYON

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()5961 Sep. Dist. No. 45											
and the state of t)	1. PLACE OF DEATH O COUNTY BALTIMORE 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before odd o. STATE MARYLAND BALTIMORE **MARYLAND** **MARYLAND** **MARYLAND** **PLACE OF DEATH O COUNTY BALTIMORE **MARYLAND** **BALTIMORE** **MARYLAND** **PLACE OF DEATH O COUNTY BALTIMORE** **MARYLAND** **MARYLAND** **PLACE OF DEATH O COUNTY BALTIMORE** **MARYLAND** **PLACE OF DEATH O COUNTY BALTIMORE** **PLACE OF DEATH O COUNTY BALTIMORE** **MARYLAND** **PLACE OF DEATH O COUNTY BALTIMORE** **MARYLAND** **MARYLAND** **PLACE OF DEATH O COUNTY BALTIMORE** **PLACE OF D											
) ;	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIDDLEBOROUGH(ESSEX) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to RURAL and give near	own)										
by the fund 2 shauld		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUMPONATE ROAD 6. IS I	RESIDENCE ,										
ely filled in b Pages 1 and		3 NAME OF DECEASED (Type or print) FRANK WESLEY JR. Middle tost 4. DATE Month OF JUNE 3,	Year 19 5 6										
700		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1											
		MALE WHITE WIDOWED DIVORCED NOV. 28,1897 58 yrs Months Days Hou	ers Min.										
camplet papers. sath.	6	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH	AT COUNTRY										
and ban er de	*)	WHOLESALE MEAT MAKET BUTCHER CZECHOSLOVAKTA U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
- E C C C		FRANK WESLEY											
physician smave car haurs aft		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
72 h	10	NO 216-32-9157 THERESA WESLEY 1800 ELK ROAD											
eose hin /			BETWEEN										
5 0/3)	PART I, DEATH WAS CAUSED BY: 15 18	ND DEATH										
A : A	1	Conditions, if ony, which) (b) Carcinoma of stomach 18 1	mos.										
signed by Permit.		gave rise to immediate case (a), stating the <u>under-</u>											
been si transit			AS AUTOPSY										
e has be burial-tro remaval,	7	PER	FORMED?										
icate has the burial ar remav		20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
nis certir r use as t ematian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	(State)										
for the differ of the differ o		21. I certify that I attended the deceased from. 9/5/65, 19, to 5/3/69, 19, that I lost saw th	e decease										
R. Crin rached burial,		alive on, 19, and that death accurred atM, from the causes and on the date str											
2 g 5	-	ACTUAL A MACA AND ACTUAL ADDRESS (Street, city or lown, stote)	DATE SIGNED										
2 2 g	I	PHYSICIAN'S Harold H. Burns, M.D. Reltinology											
Page 3 shaulthe registrar		The state of the s	lote)										
O ST	1												
A15 (4))	Harris Marker Hill Touber Line	0										
9/55	1	properties 170 / Carrette 1815. DATE 6/5/56 Greet New	May										

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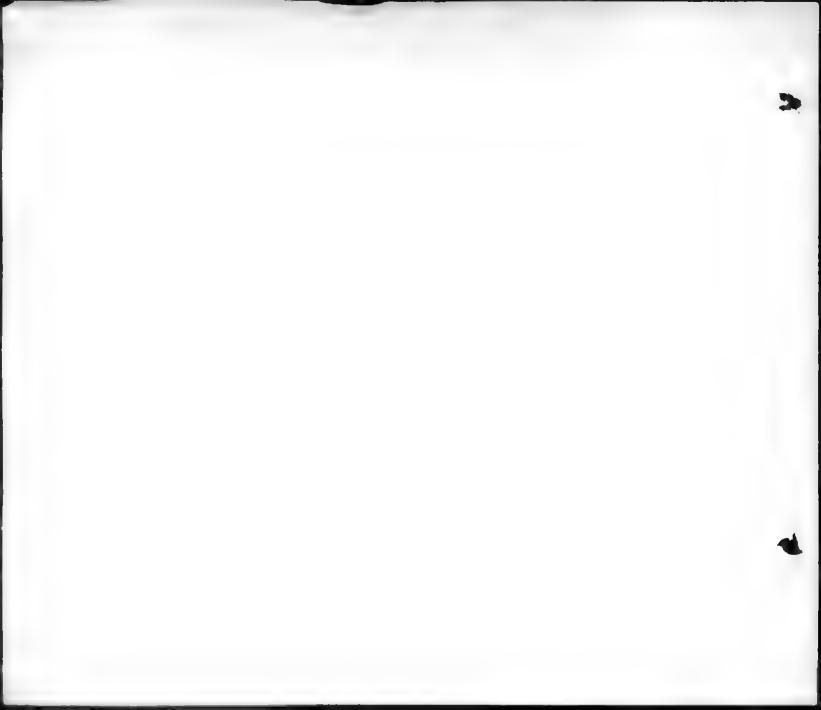
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	05368
5980 CERTIFICATE OF DEATH Reg. Dir	it. No. 33-
PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived If institution Residen	ce before admission)
Ballimore Martiand Maryland Dall	more
BGTY OR TOWN (If autside carporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporale limits, write RURAL and pure negrest town)	give nearest tawn)
Wral- Freeland Kural- Freeland	/
OR INSTITUTION ()	ON A FARA
NAME OF First AMiddle Lost 4. DATE Month	Day Year
DECEASED (Type or print) ANN A White, DEATHY / 1/20 =	20. 195
	1 YEAR IF UNDER 24
CMETE WILL WIDOWED DIVORCED NOV. FILL CETA 60 YES	Days Hours M
goring most of working life; even if retired)	IZEN OF WHAT COU
FATHER'S NAME / WWW NOME, MUCHES MAIDEN NAME	C.V.A.
- duist K Paret Mary Adella Illasth	no-ton
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	81911
NO 10 year give war or agree at service) - Thilliam J. While I	reelang
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Thrombosis	acute
f-v/ DUE TO Company Athon a galamagic	5
gave rise to immediate (10)	5 yrs.
cose (a), stating the <u>under</u> (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T (o) 19. WAS AUTO
none	YES NO
70a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
	County) (S
Hour a.m. While Not while factory, street, office bldg., etc.)	,, (3
	last saw the class
alive an June 19, 19, 56, and that death accurred at 4:30 M, from the couses and an the	he date stated a
ADDRESS (Street, city or town, state)	DATE S
signature alla Schafant ff MD. New Freedom, York Co., Pa.	0/20/56
PHYSICIAN'S Louis Schatanoff, M.D.	
fixene filbal over a corrector T line as	
BUE AL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OF CEMETERY OF CEMETERY	464-4-4
BUR AL, CREMATION, 22b/DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PREMOVAL (Specify) UNDER 2 1956 Middle Laura Math. Free Land	(Stoje)
	Md.
	PRACE OF DEATH PLACE OF DEATH A. COUNTY A

43.1

The All Mills:

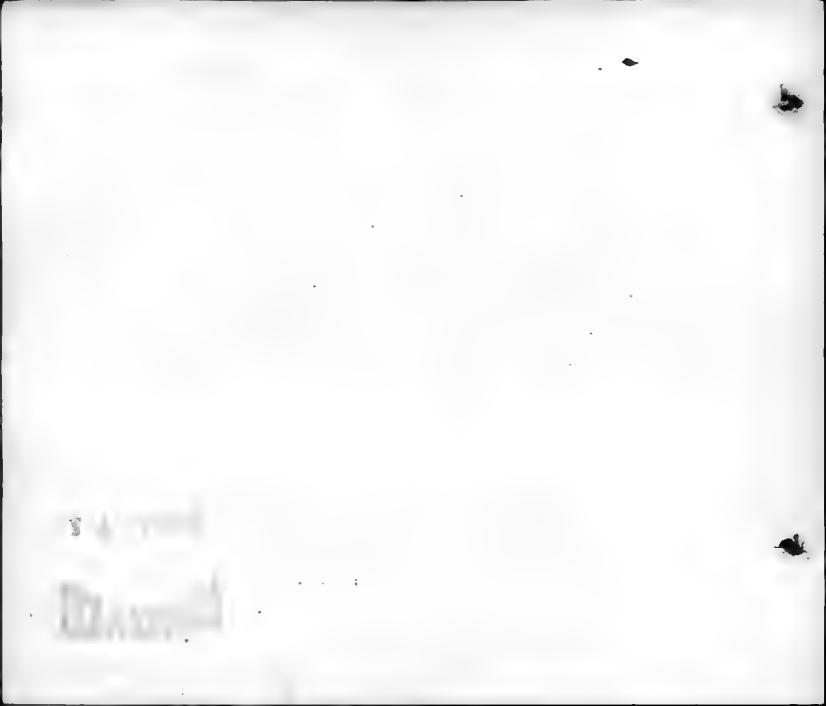
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

· The	5931 CERTIFICAT	E OF DEATH Reg. Dist. No.								
d legi FTER	1. NAME OF DECEASED (Type or Print) GROVER C. WILLETT	2. DATE OF DEATH June 15, 1956								
PEN.	B. FLACE, OF DEATH A. Alfalythope City, Maryland Balto Co. B. FULL NAME OF (If not in hospital or institution, give street address of									
POINT 1 h clearl	HOSPITAL OR 10cation institution 2405 Birch Drive Larchmont	Baltimore 7 (Larchmont) township)								
BALL F. R.F.E. (3)	C. Length of stay in Baltimore Tays. C. Length of stay in Baltimore									
USE A auses o	5. SEX white 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speelf) Married	Feb. 10.1885 71								
NOT U	10A. USUAL OCCUPATION (Glvekind of work deceduring most of working life, even if retired) Auditor Insurance	Md.								
S te	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
NK-I	Robert Willett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, go or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 7, M								
RECORD, -BLACK INK- ns: please w	no ,	Mrs. Rose Willett-2405 Birch Drive Balto								
RECABLA BLA	18. CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH								
IS A PERMANENT BLACK OR BLUE plied. Physicial UREAU OF VIT	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 156. ANTECEDENT CAUSES (8) (8) (8) (9) (10	rious of Liver 15 months								
THIS TH PERMANENT c carefully sup WITH THE B	DISEASE OR CONDITION CAUSING IT.	lity								
. TTH	CAUSE OF DEATH, ENTER IN 3/19/56									
ASE TYPE, OR I information	19 Sc., that (I) (we) last saw the deceased alive on									
PLEASE item of in	ATTENDING PHYS MED DIRECTOR TO STATE DAYS TO	Mich Rol Baltruore No 1956								
ery ERT	24a. BURIAL. CREMA- TION, REMOVAL (Specify) Cremation 6/18/56 Loudon Park	(Duace)								
Ev HIS CJ	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Balto, Md. 25 FUNERAU DIBERTOR ADDRESS ADDRESS ADDRESS ADDRESS								



/		MADVIAND STATE DEPARTMENT OF HEALTH. RALTIMORE 18	05070
1-	42	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00010
men are a great	rrec	5831 CÉRTIFICATE OF DEATH Reg. Dist. 1	Vo. L
	8	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
	y. he	COUNTY Baltimore MARYLAND STATE Penna COUNTY	v
	iei	CITY (If outside corporate limits write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and	
等 / :	leg	OR and give nearest town) TOWN Relay 27, Maryland 4 days TOWN Hanover	
1	arefully. Th and legibly.	HOSPITAL OR STREET (1f rural give location)	
	0	INSTITUTION OR STREET ADDRESS Relay Hill Hospital ADDRESS 642 Frederick Street	V
	nation	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: John S. Willet OF June 12	(Year)
-	cle	(Type or Print) DEATH:	19 56
(=)	infor death	5. SEX; S. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE fast birthday: If UNDER 1 YEAR MONTHS Days	
(1		Male White Specify: Married Dec. 16,1903 52 77 yrs. Months Days	
	4	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CF. INDUSTRY: Hanover, Penna.	TIZEN OF WHAT S.A.
ž	item ses o	to even is represent the method forcery store	D.Y.
9	ery iter	13. FATHER'S NAME: William I Willot Margie Reck	
M	Ψ	WILLIAM OF MILLS	
κ	the the	15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: {Yes, no, or unk.} (If Yes, give war or dates of	
F0	te te	wife: Catharine Willet	
RESERVED FOR BINDING	Supply write th	18. MEDICAL CERTIFICATION	Interval Between
VE	1	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
ER	INK. please	Immediate cause (a) Congestive heart failure	/1 *1
民		BUE TO	
	UNFADING Physicians: 1	Diseases or conditions, if any, (b)	*
Ä	A.D icia	stating the underlying cause last. DUE TO	
MARGIN	FZ	(e)	
MA	5 4	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
	nt.	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	WITH ortant.		Yes No
		21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY)	ATE)
	Zi a	HOMICIDE INJURY	
	PLEASE WRITE PLAINLY, age is especially imp	Time (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY M. Work At Work	
	PL	22. I hereby certify that I attended the deceased from 6/9/ 1956, to 6/12 , 19 56, that I last sa	aw the deceased
	Esi	alive on 6/12 , 19 56, and that death occurred at 4:25 P.M., from the causes and on the date st	
	RIT is	SIGNATURE (Derree or title) ADDRESS DAT	E SIGNED
	W	Relay 27, Md.	5/12/56
	E a	23. BURIAL, CREMATION, DATE THEREO NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or countries of the c	ty) (State)
	¥.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR	ADDRESS
415	LE	MEGISTRAR 17	mer Ca.
	PH .	June 14 10 the reeffer Jennis F. X. Welfer Hors	Des Jad
203			0.

VS. A.



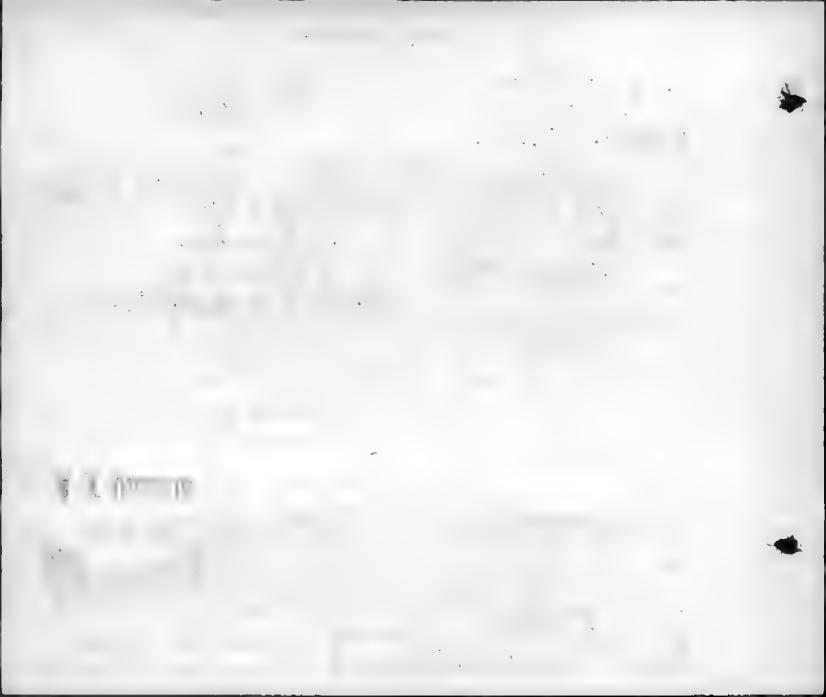
requires that the

HOSPITAL

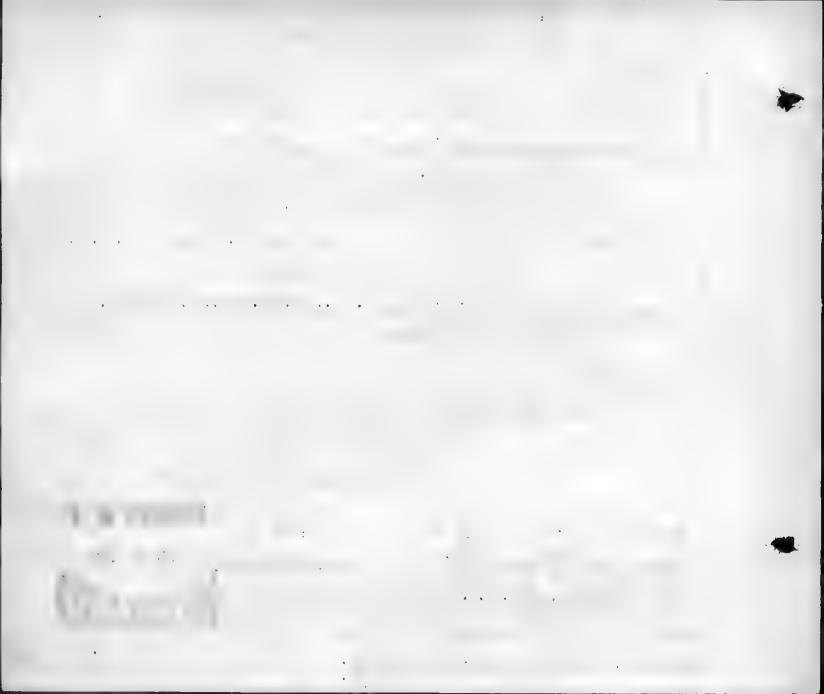
physician







1			MARYL	AND ST	ATE DEPART	MENT OF H	EALTH	-BALT	IMORE, 1	8 05	974	
e	L		591	35	CERTIFIC	ATE OF	DEATH			Reg. Dist. N	7/1/1	
100	1.	PLACE OF DEATH COUNTY Baltimo	re		MARYLAND	2 USUAL RESI o. STATE	Maryla		lived. If institution b. COUNTY	on: Residence be	efore admission)	
Se B		b. CITY OR TOWN (I RURAL and give m Fort Ho			LENGTH OF STAY IN 16	11	TOWN (If ou	·	ota limits, write R	URAL ond give	nearest town)	
2 shoul	r	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street oddr	eu)	d. STREET A	ADDRESS	ork Ro	ad		e. IS RESIDENCE ON A FARM? YES NO P	
led in b		Veteran NAME OF DECEASED (Type or print)	8 Administr Fin WILL	ì	Hospital Middle	WOOD		4. DATE OF DEATH	June	th 13	Day Year	
Poges	_	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT			9. AGE (In years last birthday)		AR IF UNDER 24 HRS	
popers.	100	Male USUAL OCCUPATION during most of work	Colored ON (Give kind of work of king life, even if retired)	WIDOWED [D OF BUSINESS OR INC		LACE (Stote o				OF WHAT COUNTE	
ond of the point	Grave Digger Summit Point W. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									U.	U. S. A.	
physician mave car hours aft		William W WAS DECEASED EVE	ood R IN U. 5. ARMED FOR		TAL SECURITY NO. 17	Cord	lia Dix	con	Add	rest		
nding pease re	-	Yes 18. CAUSE OF DEA	WW I		0-03-2992 C	lin.Rec.,	Vet.Ac	m.Hos	p.,Ft.Ho	[1]	NTERVAL BETWEEN	
the other plans of the plans of		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	PORT	TAL CIRRHOS	<u>rs</u>				9	JNKNOWN EATH	
ed by i		Conditions, if a gove rise to i	ny, which (b)									
onsit po	Z	lying couse lost. PART II. OTH	(c)	DITIONS CON	TRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 10	ILIP. WAS AUTOPSY	
has by urial-tr emaval	CERTIFICATION				E HOW INJURY OCCUR						PERFORMED? YES THE NO	
ificate in or re			S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
this cer ruse a emotio	MEDICAL	20c. TIME OF INJUR Hour o. 11. p. m.	Y Month, Day, Yea	While of work	Not while	PLACE OF INJURY (foctory, street, offic	(Home, farm, e bldg., etc.)	20f. (City	or town)	(Coun	ly) (5tote	
After After riol, cr			all Cattended the		from May						Accordage and	
ECTC or to bu		ACTUAL SIGNATURE	Duce	10	Welle		ΑΑ	DDRESS (Str	reet, city or town, D. MARYL	stole)	DATE SIGN	
AL DIR AL DIR hauld t		PHYSICIAN'S	ONALD D. MA	RK. M.I	D _a							
FUNERA age 3 st	1	BURIAL, CREMATIC REMOVAL (Specify)	6/19/56	F 22	c. NAME OF CEMETERY Baltimore				inore, M		(State)	
A15 (4)	23.	FUNERAL DIRECTOR	S SIGNATURE	90	ADDRESS 2-04 Madiso		24a. REC'D	BY REGISTI	RAR 24b. 85GI	STRAR'S SIGNA	TURP Frank	
M 9/55	L	harles K.	Law Mortua	17, 00	Baltimor		DATE A	V-C01	na	Webu (x. Icon	



Item 9, Film 198 CERTIFICATE OF DEATH 5000 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearpst fown) TIMOVE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? none YES NO NAME OF Middle 4. DATE Lost Manth Year Day DECEASED OF DEATH (Type or print) 19 lo 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely last birthday) Manths Days Haurs DIVORCED [WIDOWED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) and pou ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ physician rt man hours move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: h cihama ア76 メ DUE TO that é Canditions, if any, which any signed gove rise to immediate **DUE TO** cause (a), slating the underlying cause last. **Surial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) cale 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour e. fr. factory, street, affice bldg., etc.) While Not while at work at wark D. M 4-28-5 6-2-5 21. I certify that I attended the deceased from ...that I last saw the deceased __, and that death occurred at 3:30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL should TO FUNERAL (PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page the re REMOVAL-(Specify) mol 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

& AVAMPR

22c. NAME OF CEMETERY OR CREMATORY

W. 36th St., Baltimore 11. Md DATE

ADDRESS

BALTIMORE NATIONAL CEMETERS

05976

e. IS RESIDENCE

Day

30

Hours

INTERVAL BETWEEN APPROX. 6 MO.

YEARS

PERFORMED? YES 📄 NO 🚰

(Stote)

DATE SIGNED

6-30-56

6-30-56

(Stote)

Days

U.S.A.

(County)

FORT HOWARD, MARYLAND

22d. LOCATION (City, town, or county)

24g. REC'D BY REGISTRATE 24b. REGISTRAR'S SIGNATURE

BAIT IMORE. MARYLAND

ON A FARM?

YES NO

Year

56 19

Min

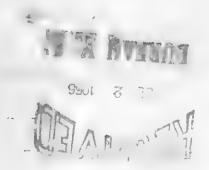
death VS A15 (4) 15M 9/55

NAME (Type) BURIAL, CREMATION,

BURTAI

REMOVAL (Specify)

22b. DATE THEREOF



.

HTASC TO TEACHINGS

BUREAU V. M

lion, lion	4		Item 8: fi	5990 ME		L EXAMINE		NT OF HEALT				() 5 Dist. No	979	38	
should crama		1.	PLACE OF DEATH	ltimore		MARYL	LND	2. USUAL RESIDENCE (V		ed lived. If Institu b. COUNT		dence bef	ore adm	ission)	
Poge.		5	CITY OR TOWN IN	outside corporate limits, write		c. LENGTH OF STAY IN	116	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to							
diretor iles.	00	L	-		f not in hosp Powson	pitol, give street address) . Mary End		d. STREET ADDRESS 3227 G1	endal	a Ave.			ON	A FARM?	
uneral your fi egistrar		- 4	NAME OF DECEASED (Type or print)	Fin Eri c		Middle Lyman		Zimmerman	4. DATE OF DEATH	Month Jun		Day 6		956	
to the lined for		5. 9	Male	6. COLOR OR RACE	7. MARRIE	DIVORCED		DATE OF BIRTH 5/19/15		9. AGE (In years last Sinthday)	Months .	R TYEAR Days		Min.	
be reto	1),	100	luring most of working	ON (Give kind of work of tile, even if relired) TVI SOP		IND OF BUSINESS OR IN Machine Shot		Penna.	or foreign o	ountry)	12. Cl	TIZEN O	S.	COUNTRY	
5 may		13.	Cheste	r D. Zimn				14. MOTHER'S MAIDEN !	0	phtbill				F-16	
ive Page.	0	15. (Yes		R IN U. S. ARMED FOI (if yes, give war or detes of s		170073042	1	brs. Eliza	C 7	Address	2, 3	227	Gle	endal	
is in Item 18. G with form PM3 il-transit permit.			PART I. DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Dy, which lists couse			Inf	arction				INTER	VAL BETWEEN AND DE	EN ATH	
in pericite alangis a buric		No	(o), stoting the u	onderlying DUE TO (c).	DITIONS CO	NTRIBUTING TO DEATH (BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT I(o) 15	9. WAS	AUTOPSY	
pending iner's Off	0	CERTIFICATION	20a. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS 20				nter nature of injury in Par		1 1 - 3			PERFO	NO -	
the ward lical Exam		MEDICAL C	20c. TIME OF INJUR	Y Month, Day, Yea	20d. If While	Not while		E OF INJURY (Home, formary, street, office bldg., etc.		or town)	(Co	ounty)		(Stote)	
writing the						The same of the sa		ve, held on Autops ide [], Homicide	- Canad	spection ,	_	-	and	find that	
to the Ch	. 2		ACTUAL SIGNATURE	hodes	100	Joune	0	CHIEF MEDICAL E					DATE S	IONED	
cute the ce forwarded FUNERAL		20	EXAMINER'S NAME (Type)	Charles F	01D	onnoll, M.D.		ASSISTANT MEDICAL	EXAMINER [<u> </u>					
100 P	5		Burial	6/9/19	56	More Land	IA	lem. Park	Ba	timore	, Ma	rul	and	o)	
/S. A15ME(5) 5M 9/55	8	1	eonard g	. Ruck, 5	305	Harford Ro	oac	1 11 4 .1	D 8Y REGISTI	RAR 24b. REGIS	TRAR'S SI	GNATUR	E		

A AVERNA 9961 8 NNT